The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:—
ETHEL JOHNS, Reg. N., Suite 401, 1411 Crescent Street, Montreal, P.Q.

CONTENTS FOR JUNE, 1933

A New School of Nursing - - - - - - *E. K. Russell* 285

Down The Ages in Bib and Tucker *E. A. Electa MacLennan B.A., R.N.* 291

The Survey, East and West - - - - - - - - 295

The First Journal Club - - - - - - - - - - 297

The Windsor Meeting - - - - - - - - - 298

The Editor's Desk - - - - - - - - - - - 299

Enrolment for Emergency Service - - - - - - 302

A New Teaching Device - - - - - *Grace M. Fairley, R.N.* 303

Nursing Education in the Maritimes - - - - - - 305

A Silver Jubilee - - - - - - - - - - - 306

Sharing the Load - - - - - - *Fay Simmons, R.N.* 307

Communicable Disease Nursing in the Home - *Marion E. Nash, R.N.* 313

Letters to the Editor - - - - - - - - - - 316

Book Reviews - - - - - - - - - - - 317

Notes from the National Office - - *Jean S. Wilson, R.N.* 319

News Notes - - - - - - - - - - - - - 322

Off Duty - - - - - - - - - - - - - 326

Official Directory - - - - - - - - - - - 327

Subscription Price: $2.00 per year; 20 cents a copy.
Combination: with The American Journal of Nursing $5.25. Cheques and money orders should be made payable to The Canadian Nurse. When remitting by cheque 15 cents should be added to cover exchange.
Please address all correspondence to—
Editor, The Canadian Nurse, 1411 Crescent Street, Montreal, P.Q.

LIPPINCOTT BOOKS

Zabriskie's — NURSE'S HANDBOOK OF OBSTETRICS NEW EDITION

This new third revised edition contains 13 new illustrations showing the current progress in procedures and mechanical aids bringing the total up to 280 illustrations, of which 6 are in color. No field has been more challenging generally than that of Obstetrics and the revision shows the current progress and the newer methods of treating varicose veins; the use of analgesia to relieve pain during labor. Much new material is included from many of the leading maternity hospitals. Octavo, 537 pages. 280 illustrations, 6 in color. Cloth, $3.50. By Louise Zabriskie, R.N., Field Director, Maternity Centre Association, New York City.

Young — LIPPINCOTT'S QUICK REFERENCE BOOK FOR NURSES — *New*

Collected by nurses for nurses, arranged alphabetically into six main topics: (1) General Information, including Abbreviations, Tables, Equivalents, etc.; (2) Materia Medica; (3) Nursing Technique; (4) Diets; (5) Medical and Surgical Nursing; (6) Obstetrical Nursing. It will meet all reasonable expectations of those who wish a boiled-down reference library for immediate use. Clearly printed on thin Bible paper, flexibly bound in red keratol and will easily slip into the handbag. Compiled and arranged by Helen Young, R.N., Director of School of Nursing, Presbyterian Hospital, New York City; with the assistance of Georgia A. Morrison, R.N., and Margaret Eliot, R.N. 512 pages. Flexible keratol, $2.50.

Greisheimer's — PHYSIOLOGY AND ANATOMY

Sets a new standard through its careful factual planning, its pedagogical approach and its 358 unique illustrations, specially made for this book. It sets forth graphically and simply the basic knowledge of physiology and anatomy necessary for safe and intelligent nursing care. Fundamental principles of education have been considered in the choice, sequence and presentation of material. Octavo. 609 pages. 358 illustrations, 22 in colors. Cloth, $3.50. By Esther M. Greisheimer, B.S. (in Education), M.A., Ph.D., M.D., Associate Professor of Physiology, University of Minnesota.

J. B. LIPPINCOTT COMPANY

525 CONFEDERATION BUILDING MONTREAL, QUEBEC

LIPPINCOTT BOOKS

School for Graduate Nurses

McGILL UNIVERSITY

Session 1932-1933

MISS BERTHA HARMER, R.N., M.A., Director

COURSES OFFERED:

Teaching in Schools of Nursing

Supervision in Schools of Nursing

Administration in Schools of Nursing

Public Health Nursing

Organization and Supervision of Public Health Nursing

A CERTIFICATE will be granted for the successful completion of an approved programme of studies, covering a period of ONE academic year, in the major course selected from the above.

A DIPLOMA will be granted for the successful completion of the major course selected from the above, covering a period of TWO academic years.

For particulars apply to:

SCHOOL *for* GRADUATE NURSES
McGill University, Montreal

Children's Memorial Hospital

MONTREAL, CANADA

POST-GRADUATE COURSE IN PAEDIATRIC NURSING

A three months course is offered to Graduate Nurses which includes systematized theoretical instruction and supervised clinical experience in the following services:

General Hygienic Management and Nursing of Children.

Nursing Care and Feeding of Infants.

Nursing Care of Orthopaedic Patients.

Medical Asepsis and Cubicle Technique.

A certificate will be granted upon the successful completion of the course.

Full maintenance and an allowance of $10.00 per month will be provided.

For further particulars apply to:

THE SUPERINTENDENT OF NURSES
CHILDREN'S MEMORIAL HOSPITAL,
Montreal

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON : CANADA

The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

Vol. XXIX MONTREAL, QUE., JUNE 1933 No. 6

A NEW SCHOOL OF NURSING

E. K. RUSSELL, Director, The School of Nursing, University of Toronto.

Your chairman has given me a place on this afternoon's programme to speak concerning the new School of Nursing which is to come into existence in Toronto on July 1st of this year. I am glad to have the opportunity to speak of this work for several reasons, some of which should be apparent before I finish. My subject divides itself very readily into three parts: first, an explanation of this new work as research work; secondly, the giving of certain very definite information about the present plans of the School; and thirdly, a word about the relationship of this School to the professional group of this Province.

The first thing to emphasize about this School, and perhaps the most important, is that its work is all to be on an experimental basis; it is to be looked upon as research into various phases of the education and the training of nurses. We start with no fixed theories unless perhaps the one simple idea that three years is long enough for a nurse's training. Rather do we start with certain suggestions already long advocated by our profession or accepted as beyond question in the general field of education: working from these we aim to discover.

Doubtless, everyone will concede the desirability of research work in general, while, in our own special field of nursing education, there seems to be especial demand for it. The demand was voiced repeatedly in the Survey Report of last year, with its clear delineation of some of the special difficulties under which our nursing schools are labouring at present. No doubt those of us who have reached the conservative age regret this agitation, long for peace and quiet and wonder why we cannot let well enough alone. Why must there be change in the conduct of nursing schools? It cannot be possible that any nurse (or lay critic) has asked herself or himself that question oftener than I have. Unwillingly at times, but inevitably, I have accepted the answer: it is not that we as nurses have forced the change, rather it is that change in our schools and their organization is being forced upon us by other changes. What I mean is that medical science and medical practice, including public health practice, have developed so amazingly in the last few years

---

(An address delivered before the Registered Nurses Association of Ontario, at Windsor, on April 21, 1933.)

that nursing has an equally extensive new content, and the preparation for this, or in other words the work of our nursing schools, has an increased complexity that has, as I have said, been forced upon us. This is not of our choosing, but the situation is ours to deal with.

If, therefore, our nursing schools must now provide new types of training, and if they are finding that their present organization does not give them freedom or opportunity to meet the new demands, then any experiment in the direction of new school organization should be a matter of great interest. But experimenting, or, in other words, research work, costs money, hence there must be special funds available at the beginning of any such work. It is because a small fund has been procured for the purpose that this Toronto School is now being organized.

Next comes the second division of this paper, namely, information as to what this new School of Nursing is doing. I wish I could make the title speak for itself. Please note I have said that this is to be simply a *school of nursing,* that, and that alone. That is, as a school, it exists for only one purpose, namely, to teach its pupils; and the subject it intends to teach is nursing—no qualifications, no modifications or limitations, just nursing.

Belief in, or understanding of, this purpose should answer most of the questions as to the relation of the School to the nursing service of the hospital. As a school it cannot be made responsible for the nursing service of the hospital for, in as far as that is done, it ceases to be a school. But, on the other hand, no pupil can learn nursing unless *she* is responsible for the nursing of her patients. Is not the distinction clear without going to extremes in the argument? It sums up in this way; in such a school there is no change from the present relation of the pupil to her patients; the change is in the financial responsibility of the school to the hospital.

For the sake of brevity, I must merely outline the rest of the information, letting the facts speak for themselves rather than pausing for argument. The special points are the following:

1. The School is interesting itself only in the preparation of nurses.
2. The School is interesting itself *particularly* in the *primary* stages of nursing education—not post-graduate courses, not the preparation of the super-nurse (whatever that may be) but rather undergraduate training in its simplest form.
3. The School is interesting itself very particularly in the preparation of public health nurses.
4. The School is under the University for administrative purposes but has no connection with degree work.
5. The School will give both undergraduate and graduate courses.
6. The former one-year courses for graduate nurses will be continued — small improvements are being made, but there is no great change in these.
7. The experimental work is in the new three year undergraduate course.
8. The School includes residence accommodation and the undergraduates will live in our own School Residence for the greater part of their training. Exception to this will be made

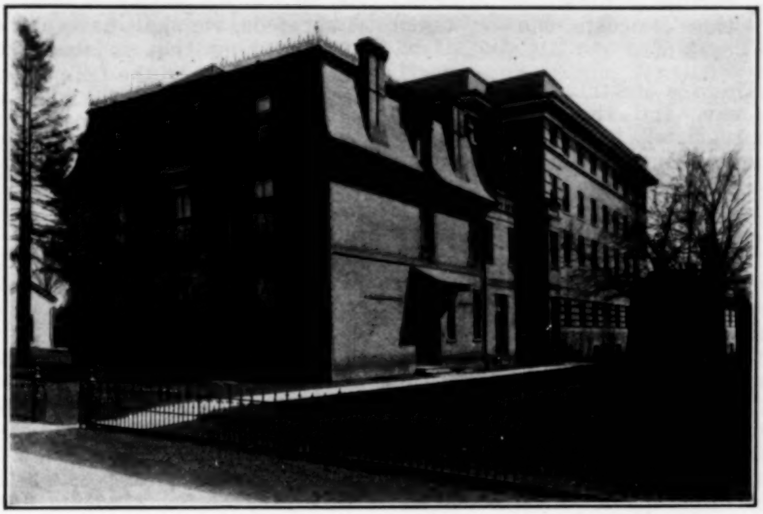
during the periods of training at the Tuberculosis Hospital and at the Isolation Hospital —two months in each case, at which time the student will live in the residence of the affiliated school.

9. The student who has her own home in Toronto, may live at home for the first six months of the course, and also for four months later in the training.

10. The School will attempt to make this three-year course in nursing a general practitioner's course. Thus, it is not to be particularized as a hospital training or a public health training; rather it is to be a training for nursing. This procedure is based on the assumption that the graduate of such a course should make a better worker for both the public health field and private duty, and also for hospital work, than those being prepared in the present manner. We must all admit that the hospital nurse is the only one of the three main groups of nurses now being catered for in the usual hospital school of nursing; for the hospital school really provides a specialized training, not a general practitioner's course.

11. If it is found that satisfactory preparation for general practice in nursing cannot be accomplished within three years, then it would appear that the idea of a general training for nursing must be abandoned, and that specialization must occur in the undergraduate course, a procedure now in operation in various European nursing schools.

12. There are several weak spots in the present organization of this new School; one of these is the relationship of the School to the hospital. At the beginning, all of our hospital



The School of Nursing, Toronto University training must be arranged by affiliation, as our hospitals already have their own nursing schools. Ultimately, if this new type of school persists and is copied, this relationship should change; the School would be, presumably, the *one* school of the hospital giving the general training. Also, there is the matter of costs. There must be an expensive initial period before we can demonstrate the value of the nursing service that our pupils will give; also before further control and distribution of costs can be taken care of.

There is one thing that we want to say, and that fits in most appropriately here. This is an acknowledgment of the very generous co-operation being given us by the Toronto nursing schools. We have plans for affiliation with the Toronto General Hospital, the Hospital for Sick Children, the Tuberculosis Hospital at Weston, the Isolation and the Psychiatric Hospitals. The directors of these very busy schools have found time, all winter, to work with us upon these plans, and are proceeding to take their part in the coming experimental work. Also, the public health groups of both Toronto and the Province are giving generous assistance, and are working with us in making this new School a reality.

A special word should be added regarding the School's particular interest in the preparation of public health nurses. We have a special responsibility for making this clear. The benefaction that is making this experimental work possible is coming to us from a public health source, namely, the International Health Board of the Rockefeller Foundation. This Board is necessarily taking an interest in the preparation of the public health nurse and apparently believes that the present preparation is none too satisfactory. The Board is willing to invest money in an experiment in Toronto if this includes an honest effort to improve upon the present selection and training of public health nurses. It is not nursing, as such, that interests the Board, but its members realize that the matter is involved with nursing, and they are leaving it to us to decide upon the method of procedure. Our first trial is to be made through the general course which I have described. If it succeeds, we shall have arrived at something that is sound and basic in regard to the training not only of the public health nurse but also of other kinds of nurses.

There is something further that was not included when I wrote this paper but that should be spoken of to-day. I am referring to the enrolment of candidates for the new three-year course and the difficulty that we anticipate in this connection. You will all understand that this is about the worst year that could have been chosen for the starting of a new course that appears to be more costly than hitherto for the nurse in training. It is quite possible that there may be few students forthcoming. Apparently our post-graduate classes will be full and there is no danger of our running out of work in the coming year, but there will be loss and waste involved if the new course cannot be started immediately. For these reasons we are asking for all the help that you can give toward finding candidates. If four good students enrol, we shall be well content; ten is the maximum that we can accept, and if ten can be enrolled, so much the better.

You will want to know exactly about costs. As arrangements stand at present, the cost of the whole three years of training may be as much as $750.00 for the student who has her home in Toronto (she will be able to live at home for a few months) and it may be as much as $1,000.00 for the student who has not her home in Toronto, and is thus obliged to pay board for the entire period. As far as we can judge, this sum should cover board, tuition and all other expenses of the School for the entire three years. We expect to reduce these costs, and it may be that they will be lessened even for the first class, but we cannot promise this, so I do not dare quote anything less at the present moment. This amount may be considered much or little, according to one's basis of comparison. Compared with the usual cost of a nurse's training it is much, while compared with the cost of many university courses, it is moderate. As there are hundreds of girls, all over the country, paying the cost of these university courses, it seems fair to assume that the cost of this new nursing course is not prohibitive.

The mention of these sums, of which I have spoken, requires some further explanation. You will appreciate the fact that this new work involves a complete redistribution of the costs of a nurse's training. The question is, who pays at present—and how much? Apparently nobody pays and nothing is paid, but actually things are not quite so rosy: the truth is that the costs are confused and concealed. The patient pays, the hospital pays, much but indirectly, and the student pays more, again indirectly, and in rarer coin. And now that we plan to separate the financing of the school from the hospital, who will pay? There are certain possible sources such as the state, the hospital and the pupil herself. It is unthinkable that we should continue to include the patient. Some people, with varying degrees of optimism, think that the state will come forward and support nursing schools as it now supports normal schools, but at the moment this is but a dream. The hospitals are unwilling at present to consider new costs, or even old ones, under a new guise. Working as they now are under tremendous strain, they can hardly fail to be suspicious of new arrangements. We know that we shall have to demonstrate the value of the practical work of these pupil nurses before we can expect the hospital to pay the cost of their board and lodging. Thus there seems nothing for it, at first, but to throw the cost on the student herself. Will there be young people, or parents, appreciative enough of educational values—and able to pay—who will choose this seemingly more costly training in this bad year? Time will tell.

The third heading under which I would speak is the one that particularly justifies my presence here this afternoon, that is the relationship of this work to nursing and nurses in this Province. The turn of Fortune's wheel has laid a gift upon our doorstep in Ontario; strangely enough this happens at a time when there is almost universal want, and some danger of losing what has been gained in our sister provinces in their special university schools. Is our present state to be reckoned good fortune or ill; is theirs to be reckoned ill fortune or good? It is not easy to say; in fact the answer to both questions is hidden as yet. If the present hardships draw together all the friendly forces of the profession, as is happening in more than one place, then poverty and danger are friends in disguise, and a strong, successful professional work must emerge. If a generous outside gift leaves Ontario's school isolated from the profession and gives an impression that the School is independent of the help of the professional group, then the gift may work more harm than good. Perhaps you will help to decide the answer. Our conviction is that this School will depend greatly upon the sympathy, the understanding and the support of the nurses of Ontario.

A FRIEND OF NURSING

An event of unique interest took place in the Nurses Residence of the Hamilton General Hospital on Tuesday evening, May 2, when, at the close of the regular meeting of District 4 of the Registered Nurses Association of Ontario, a handsome portrait in oils of Dr. Walter F. Langrill, Superintendent of the Hospital, was formally presented to the members of the Alumnae Association of the Hamilton General Hospital.

This gracious gift was made by Miss Jane McKee, a graduate of the Long Island College Hospital, Brooklyn, N.Y., who is a member of the Board of Governors of the hospital. The gift was dedicated to the memory of a devoted friend, Miss Anna M. Wilbur, whose death occurred two years ago, and will not only perpetuate that memory, but will also serve as a mark of the high esteem which Dr. Langrill has won for himself in his many years of interest in, and devotion to, the welfare of the nurses.

Miss Edith C. Rayside, R.R.C., Superintendent of Nurses, presented the portrait, which was received by Miss Helen Aitken, President of the Alumnae Association, who very ably expressed the appreciation of the nurses and designated that the portrait should be hung in the Reception Room of the Nurses Residence. This happy occasion was participated in by members of the Board of Governors and by many nurses and their friends.

DOWN THE AGES IN BIB AND TUCKER

E. A. ELECTA MacLENNAN, B.A., R.N., Graduate Student, School for Graduate Nurses,
McGill University, Montreal.

"Mary, will you fold this cap for me, please? I never can get it to look right. What is the use of it, anyway, perched on top of my head! And there's the last button off my uniform, thank goodness my bib will cover that sin!"

"You're lucky to have a bib, Helen. What if you had lived in grandmother's time when the bib was a mere tab on the apron band? Have you ever wondered what the nurses wore in ancient times? I was reading about them the other day: the simple dress of the virgins, the elaborate costume of the abbesses, the disreputable "rigs" of Sairey Gamp and Betsy Prig."

Centuries and centuries ago in India and China they had very advanced civilizations. Recent research has yielded a rich fund of information and we find that these peoples had a wide knowledge of and extensive practice in the medical sciences. There is no special reference made to nurses, but the physician was required to "keep his hair and nails short, bathe daily, and wear white garments and shoes, and carry a cane or umbrella."

Grecian history does not tell us of any definite nursing orders, but care of the sick fell to priests and priestesses. In descriptions of the Abaton at Epidauros we read that "white garments were the rule both for patients and priests, as there was was an ancient belief that white garments induced favourable dreams." As at the Abaton at Epidauros, so in the Temple of Aesculapius in Rome, the white-robed brethren cared for the sick.

With the advent of Christianity, nursing became more clearly defined. There were deaconesses whose special duty it was to care for the sick in their homes. These deaconesses were ordained by the church. "The bishop placed the stole upon her neck, after which she took the veil or pallium from the altar, and clothed herself with it. She also received a maniple, ring and crown." The Order of deaconesses spread through many countries and, in its later history, we read of a special dress for them. In frescoes, they are pictured as wearing a very full tunic, with a stiff headdress surrounding the face. The deaconess' liturgical dress was the diaconal alb, maniple and stole.

During this period, another group of women, the Vestal Virgins did nursing. They wore on their dresses a gold fillet, symbolic of virginity, white veils and at a later period, a ring and bracelet. By the twelfth century the distinctive costume seems to have been dropped and they dressed in the prevailing fashion of the time.

In these early days, nursing was taken up by two types of persons. First, those who wished to do penance for their sins, and second, those women of the nobility who gave of their wealth and abundance to charity. The most famous of this latter class, commonly referred to as the Roman Matrons, were Fabiola, Marcella, and Paula. They all wore the garb of the laity.

In mediaeval times, nursing was carried on by the monastic orders, and men as well as women were detailed to care for the sick. The habits of the Sisters, Brothers and Knights of the many military and religious Orders, make a very colourful array in our album. The Knights Hospitallers of St. John of Jerusalem, Rhodes, and Malta included Sisters in their Order, who were distinguished by their red robe and black mantle, and in later times, by an all-black habit. The regular habit of this Brotherhood, in every country, consisted of a black robe with a pointed cape of the same colour; on the left sleeve of each robe was a cross of white linen, having eight points, typical of the eight Beatitudes they were always supposed to possess. At a later period the regulations became less austere, and permitted the Knights to wear an octagonal golden cross inlaid with enamel and suspended from the breast with a black ribbon. Some authorities tell of a period during which the Hospitallers wore their white cross on a red ground.

Another prominent Order was that of the Teutonic Knights, whose habit was a black cloak over which was worn a white mantle with a rather broad black cross picked out with silver on the left sleeve. The Order of St. Lazarus of Jerusalem wore a plain cross on their mantle with four arms of equal length, somewhat flaring at the ends. The French Lazarus cross was an eight-armed golden and green or purplish-red cross with tiny golden lilies in the corners. The Italian insignia was white and green.

The dress of the nuns of these religious orders remained the same as that of the laity until the end of the tenth century, except on state occasions when the abbesses wore very elaborate costumes. The mediaeval saints show a tendency towards sombre habits without any bright flashes of colour. The Poor Clarissas, a Franciscan tertiary, founded by St. Clara, wore the brown robe of the nun with a stiff head-piece and black hood. Agnes of Bohemia dressed in a simple garb suited to hospital work. St. Catherine of Siena was a tertiary of St. Dominique. Her habit was a light brown robe, a stiff white neck-piece surrounding the face and a long black veil.

All the nursing, however, was not being done by religious and military orders of the Middle Ages. There were several very active secular orders of great importance. The Béguines had orders in various countries and, in each country, the habits varied in colour and in style. Some dresses were grey, some were blue; some styles followed the prevailing one of the time, others were distinctive. One style was a tight-fitting bodice, full skirt and long apron, a soft light-coloured or white head-piece and a peculiar flat, fluted cap from which hung a full length cloak. Another group of Béguines wore a black russet gown and stiff white hood. The oblates of Florence wore a woollen robe, but a more practical veil than many others.

The brothers of the Order of the Holy Ghost wore a sky-blue habit with a black mantle decorated with a double-armed white cross. The insignia of the order was a collar composed of fleur-de-lis surmounted with enamelled flames, with a cross bearing a silver dove, emblem of the Holy Ghost. At their meetings, the knights dressed in costly round-caped mantles of blue velvet, spangled with fleur-de-lis in gold. Later this elaborate costume was worn only in choir.

Let us look now at the uniforms worn in the famous hospitals of the Middle Ages, the Hôtel Dieu de Lyons and the Hôtel Dieu de Paris. In the Hôtel Dieu de Lyons the nurses at first wore no special dress, but by 1526, we see them in a uniform white garb, adopted for the sake of propriety. In 1562 a change was made to a black dress with a white linen apron and an unstarched white cap. At the end of their first year in service the probationers wore a grey dress with a collar. Their full acceptance was marked by a very formal ceremony. At this dedicatory ceremony the probationer was draped in a large mantle of black cloth; she was veiled with a white veil and was presented with a silver cross. The brothers wore a blue robe.

The psychology of the uniform seems to have been well understood at this time and we are told that the physicians made rounds in gowns with long flowing veils and caps. After the French Revolution the nun-like garb of the nurses was exchanged for the plain dress of the laity, with the tricolour as the only distinguishing feature. In the Hôtel Dieu de Paris we find the nursing being done by a strictly monastic order, the Augustinian Sisters. Their probationers first wore the regular nun's dress, then a white robe with a large white apron and, finally, they received the black hood. The nurses were practically cloistered sisters and, after entering the hospital, knew no other home.

During the later Middle Ages we find new orders arising. One, the Brothers of Mercy, present such a weird and altogether unique appearance that it must be mentioned here. These Brothers were a voluntary first aid corps, and dressed in all-enveloping robes and masks of pure white or dead black. Another very prominent order, which still exists today, is that of the Sisters of Charity of St. Vincent de Paul. They wore the voluminous dress of grey-blue rough cloth, white neckpiece and white muslin head-dress of the ordinary people.

The next few centuries, the late seventeenth, eighteenth, and early nineteenth, present gloomy pictures for any album. Sairey Gamp, in her "very rusty-black gown, rather the worse for snuff, and a shawl and bonnet to correspond, . . . with her funeral face and carrying a large bundle, a pair of pattens and a species of gig umbrella," toddling off to a night case. Betsy Prig, "bonneted and shawled, of the Gamp build, but not so fat, her voice deeper and more like a man's. She had also a beard." Such striking contrasts to the stately abbesses of ancient days and the immaculate white nurses of modern times!

The late nineteenth century shows a definite recovery from the Dark Age of Nursing. Mrs. Fry's nurses and the Sisters of Kaiserswerth did much to retrieve the lost art. The Quaker dress of Mrs. Fry's nurses is still worn by that order. The outdoor uniform consists of a Quaker grey gown, a long black cloak, and a black bonnet trimmed only with the veil. The cap is of white muslin in modified Quaker style.

Pastor Fliedner required his Sisters at Kaiserswerth to wear a becoming uniform. He believed that "looking well lays a foundation of serenity in women. Simple enough was the dress, yet it sounds attractive; a blue cotton gown and white apron, a turned-down collar and white muslin cap. Long black cloaks were worn on the street and black bonnets went over the white caps."

In the Crimea, Florence Nightingale and her nurses wore a plain black dress, with a white collar and cuffs. The Nightingale nurses-in-training at St. Thomas's Hospital wore a brown dress, white apron, and dotted muslin cap. At St. John's House, the nurses wore a regulation dress of "a quaint style calculated to chasten the spirit of the most frivolous-minded young women."

It is quite impossible to describe the different uniforms worn today, as each nursing school adopts a distinctive uniform. However, we can make an arbitrary division and a generalized statement. Nurses-in-training usually wear a coloured uniform with apron and bib, collar and cuffs, and cap. Graduate nurses in hospital and private duty service wear the all-white uniform of their School. Graduate nurses in Public Health nursing wear a coloured, usually grey or blue, washable uniform and a dark tailored coat or cape. And who is not familiar with the Norfolk jacket, white collar and cuffs, and Windsor tie, of our Victorian Order of Nurses?

Our cap has lost its original useful purpose, but it is the psychological key to our uniform. "Mary, will you ever forget the thrill of wearing your cap for the first time?" It would be well for every nurse to bear in mind that the nurse who disrespects her uniform brings discredit to all her fellow-workers.

REFERENCES:

Nutting and Dock: *A History of Nursing.*

LaCroix, Paul: *Military and Religious Life in The Middle Ages and Period of The Renaissance.*

Monasticism: *Album of Costumes of Monks, Nuns and Friars in the Middle Ages.*

Tooley, Sarah: *The History of Nursing in The British Empire.*

Andrews, Mary R. S.: *The Lost Commander: Florence Nightingale.*

SOME FACTS ON GRADUATE BEDSIDE CARE

A Study on the Use of the Graduate Nurse for Bedside Care in the Hospital, covering a year's research by the National League of Nursing Education's Department of Studies, is just off the press. It includes a study on the comparative service value of student and graduate to the hospital, based on actual ward observations; a plan for organizing the nursing service on a ward with an all-graduate staff; suggested work schedules for ward workers, and an appendix relating to the use and control of nurses' assistants.

The study covers 90 pages and is available at 50 cents a copy. Orders should be sent to: The National League of Nursing Education, 450 Seventh Avenue, New York City.

THE SURVEY, EAST AND WEST

In the May issue of the *Journal,*[*] reference was made to the accomplishment of Saskatchewan in translating the *Survey* into terms of action and results. This month two more Provinces are able to report definite progress.

NEW BRUNSWICK

The personnel of the Provincial Joint Study Committee is now complete and includes:

Representatives of the provincial nurses association:

Miss A. J. MacMaster (president).

Miss Margaret Murdoch (nursing education section)

Miss Mabel McMullen (private duty section).

Miss Winnifred Dawson (public health section).

Representatives of the provincial medical association:

Dr. W. E. Rowley.
Dr. Barry.
Dr. McKenzie.

Representatives of the provincial hospital association:

Dr. S. R. D. Hewitt.
Mr. A. C. Chapman.
Mr. Granville.

Representing the Maritime Catholic Hospital Association:

Rev. Sister Camillus.

Representing the provincial Department of Education:

Dr. A. S. McFarlane, Chief Superintendent of Education.

Two meetings have been held at which the recommendations put forward by the Canadian Nurses Association respecting standards for approved schools[†] were analyzed and studied. Action was taken as follows:

The recommendation that all students in approved schools be at least nineteen years of age was endorsed.

The recommendation that all students in approved schools shall have a yearly physical examination was endorsed.

At the request of the Secretary of the National Joint Study Committee, special consideration was given to the following recommendation of the Canadian Nurses Association:

That a committee be appointed to formulate some plan whereby a more uniform standard of Registered Nurse examinations may be maintained throughout the Dominion, taking into consideration the further recommendations regarding this subject contained in Dr. Weir's report.

This recommendation was studied under four headings:

Minimum academic requirements for entrance to training schools.
The minimum content of the curriculum of the school.
Subjects for examination.
Arrangements for Dominion registration.

The following action was taken:

The committee recommends that the entrance requirements to schools of nursing be the standard requirement accepted for entrance to a University in the respective provinces, until such time as a uniform standard is set for Canada, and that copies of this recommendation be sent to all hospitals in the province, to the secretary of the Hospital Association, and to the Provincial Department of Education.

It was decided to leave over the question of curriculum and subjects for examination until such time as a report can be had from the provincial committee on curriculum. The Chairman of the provincial Joint Study Committee, Dr.

---

[*] See "The Canadian Nurse", May, 1933, p. 242.
[†] See "The Canadian Nurse", September, 1932, p. 489.

W. E. Rowley, was requested to address the provincial Hospital Association at its Annual Meeting in June, on the work of the committee.

New Brunswick seems to be off to a good start.

ALBERTA

The membership of the Provincial Joint Study Committee includes:

Representatives of the provincial nurses association:
- Miss F. Munroe (president).
- Miss Ethel Fenwick.
- Miss Blanche Emerson.
- Miss Margaret Fraser.

Representatives of the provincial medical association:
- Dr. A. F. Anderson.
- Dr. J. J. Ower.

Lay representative:
- Mrs. W. D. Ferris.

The chairman of the Provincial Joint Study Committee is Miss Margaret Fraser and the secretary is Miss Blanche Emerson. At a meeting held during March, it was decided to proceed as follows:

> The recommendations of the Canadian Nurses Association concerning the Survey are to be studied by the members.
>
> The Committee is to compile information regarding the standards of entrance required by the various training schools at present in operation in the Province, and the steps that have been taken to legally raise those standards.
>
> Enquiry is to be made in the various schools of nursing concerning the amount of theoretical work covered in the school year, *i.e.*, from September to May, and also the amount of practical work performed by the student in her entire three years' period of training.
>
> An effort will be made to find out whether the hospitals throughout the Province are increasing or decreasing their enrolment of students. In this connection the number of students graduated for the past three years will be ascertained.

Signs are not lacking that, before long, other Provinces will be in a position to report definite progress in the uphill climb towards higher and more uniform educational standards. The ferment of the *Survey* is working.

A GOOD OBSTETRICAL NURSE

By a Student in the Intermediate Class of the Moose Jaw General Hospital School of Nursing.

A nurse, to be a good obstetrical nurse, should first of all be a womanly woman, being tactful and sympathetic with her patient. Above everything else, she must observe cleanliness. A break in her technique may be the cause of severe complications, and even death. The nurse must be observant as to the progress her patient is making and for any signs and symptoms of complications. She must be able to adapt herself quickly to the ways of the doctor and her surroundings. Sympathy is another point; she must be able to sympathize with her patient, and understand her feelings and anxiety. The nurse must understand the growth and development of the baby before birth, the changes that take place in the mother's body before and after the baby is born, and the care of both mother and child. Every nurse should be a teacher of good health and be able to teach the rules of healthful living to the public. A good obstetrical nurse should know and be able to teach the expectant mother how to care for herself and the baby intelligently.

THE FIRST JOURNAL CLUB

Student nurses in the School of Nursing of the Saskatoon City Hospital had a bright idea one day. Why not form a club and subscribe to *The Canadian Nurse* at a special club rate? No sooner said than done. And here they are.

Marvel Shaw, *Class President,* reading *The Canadian Nurse.*
Standing: Anne Ferguson, Gladys Millsap, Margaret Duncan, Margaret Gooderham, Catherine Humphrey, Lola Morrison, Marion Bie, Elsie White.
Seated: Marjorie Allen, Jean Landes. Eleanor Crosby, Edna Graham, Edith McConnell, Dorothy Knuckey.

Since this good example was set, the School of Nursing of the Montreal General Hospital has followed suit. And now Miss Eleanor Hollinger, a student in the Public Health Nursing Course at the Toronto General Hospital, writes us as follows:

> I was particularly pleased with that invitation to student nurses, for I have felt for some time that a welcome was needed. I know that *The Canadian Nurse* has been a great source of assistance, enjoyment and inspiration to me during my training. I am sure that it must be to others. I only hope that a great number of student nurses will take advantage of the special club rates, that they may experience the great pleasure and convenience of possessing a subscription.
>
> I am a student nurse of Toronto General Hospital, in the Public Health Nursing course, but I have been on leave of absence for some months due to illness. During this enforced separation from training, *The Canadian Nurse* has been one of my great delights. It has kept me posted with news and has made the profession nearer and dearer.

Why not start a Club in your School? A special club rate is offered to groups of ten or more student nurses who are associated with any one hospital. The reduced annual subscription rate is $1.50 per student, and is not transferable. The Director of the School of Nursing is requested to give assurance that the members of the group are actually in training.

THE WINDSOR MEETING

The Registered Nurses of Ontario may be counted upon to do things when in convention assembled. The meeting at Windsor was no exception. Three of the highlights of the programme proper were addresses by Miss Elizabeth Smellie, Miss Fay Simmons and Miss E. Kathleen Russell. The two latter appear in the current issue of the *Journal* and Miss Smellie has promised to give us something for publication later on. We came home laden with literary booty, and a respectable number of subscriptions, too.

Great interest was shown in a group of three papers dealing, from different angles, with the staffing of hospitals with graduate nurses, presented by Miss Marjorie Buck, Miss Aubra Cleaver and Miss M. E. Wilkinson. The *Journal* is planning a hospital number, and these addresses will be included in it. We have an editorial eye on several others, too. The authors have virtually signed on the dotted line. We will tell you about them later on.

Good, clear, practical reports were presented by all the nine districts. We hope to learn their boundaries soon and not to disgrace ourselves by assigning Toronto to the wrong unit. District Nine seemed to be rather the heroine of the occasion. We were not surprised. We know that rugged part of the country, and the sort of people who live and work in it. They make sport of difficulties such as meeting their quota for the permanent education fund. Just take it in their stride.

We liked to watch the quiet and efficient work of the Provincial Secretary-Treasurer. Living in Quebec, we are in a position to know how such things should be done. That is the way Miss Fitzgerald does them. Then there was the local Committee on Arrangements. Banquets and Girl Scouts and things like that, though there is no way of knowing just how Miss Nellie Gerard and her associates managed to keep things moving so smoothly. Even the commercial exhibitors were pleased, and said so. A rare tribute to any convention.

Miss Mary Millman, in her presidential capacity, handled the sessions with dignity and despatch. The audience was receptive, quick to pick up points and endlessly patient in listening to editorial woes.

On our way home, we paid short visits to Chatham and to Brantford and were treated far better than we deserved. In fact, we were encouraged to talk on our favourite topic, and did.

The meeting next year will be in Toronto. We are going to attend. The Registered Nurses of Ontario in convention assembled are worth listening to. Read the June *Journal* and see.

THE EDITOR'S DESK

■ ■ ■

The Class of 1933

This is the season of youth and of hope. The recurring miracle of Spring is all about us. Only a carping spirit and a faint heart could fail to be touched by that ancient and potent magic. In Schools of Nursing all over Canada, there is once again a tide of new life. The Class of 1933 is ready to embark on its professional career.

Graduation exercises for nurses have always had a distinctive quality all their own. There is something about the procession itself which touches the imagination: the dignity of the uniform, the grave beauty of the young faces, give an almost religious character to the ceremony, making of it a dedication as well as a festival.

For perhaps it is true, even in these days, that nursing, whether we admit it or not, is life offered up. That it is, and must remain, in some measure, a sacrificial profession. Its practice involves heavy responsibility, fatigue, and physical risk. Its material rewards, even at the best, are never high. Why is it, then, that so many women find in it a full and happy life?

Perhaps because there is an element of adventure about nursing which gives it colour and zest. Perhaps because of its infinite variety and its unexplored possibilities. Perhaps because it is so close to life itself, since it deals in the very stuff that life is made of.

It has been the fashion, lately, to be gently mournful over young women about to enter the practice of nursing. *Poor things, what is there for them to do?* And so on, and so on. As if there were ever any security in this dangerous business of living.

The *Journal* darkly suspects that this well-meant sympathy on the part of the elders is a source of quiet amusement to the rising generation. They are the product of a different time spirit. They are doing their own thinking, and they look to the future, not to the past.

They know that they live in a time of social and economic change, and that in all probability the sleek and prosperous years are not for them. On the contrary, they are aware that they are entering upon professional practice in a highly-competitive field where the race will be only to the swift and the battle to the strong. But they are not dismayed, for they are young and full of confidence and hope. To them, there is nothing terrifying about such a prospect. Why should there be? They will prevail. Life is all before them.

Indeed, if they but knew it, they come to the practice of their profession at a good time. They have been touched by the chastening and refining influence of these difficult years without having been broken or discouraged by them. Though they probably would not admit it even to themselves, for their generation is wary about displaying its emotions, they know in their hearts that the flame of the lamp still burns as clearly and steadily as ever, and that it is their sacred privilege to cherish and to renew it. They hold it firmly in strong young hands. It is safe with them.

Far from commiserating with the newcomers into the profession, the *Journal* congratulates and welcomes them. The fat and careless years of plenty are over. Nursing has once more become a beautiful and a dangerous adventure. The Class of 1933 will meet its challenge as becomes the spirit of its youth.

The New School

The *Journal* is privileged this month to publish, as its leading article, *A New School of Nursing*. The inauguration of this School may well mark the beginning of a new era in nursing education in Canada. Its aims are clearly stated; the points in which it differs from existing schools are brought sharply into relief; no attempt is made to minimize the difficulties with which it is confronted. The general scheme is put forward, on its merits, for study and analysis by Canadian nurses.

There are certain salient features of the project to which reference may be made here. Possibly the most striking of these is the simplicity of its primary aim. This School will teach the science and art of nursing. Nothing more and nothing less. The undergraduate course, for the present at least, will be so directed as to prepare students for generalized as well as for hospital nursing practice. In order to bring about this profound change in educational approach, the life of the School will be centred in its own building. The students will live, work and play together. Their hospital practice will be gained in more than one institution. The integration of the course will take place within the School itself.

There is nothing local or parochial about this School. It is situated in the University of Toronto and will naturally be a source of pride and interest to the nurses of Ontario. But it belongs to Canada. It is an experimental school. Its principal function is research. Such new and good things as may be developed therein are to be shared by us all.

The choice of students for a course of this kind will be made with the greatest care. It is not sufficient that they should be financially able to meet the relatively high cost, though this necessity cannot be overlooked. It is even more important that they should possess those intangible qualities of mind and heart and spirit without which no woman can be a good nurse.

Nursing leaders in all parts of Canada should look about them and should direct the attention of possible candidates. It is not a question of numbers. It is a question of quality. The ultimate responsibility for success or failure rests almost as heavily on these students as upon those charged with their direction.

The most notable experiment yet made in nursing education in Canada is under way. Its direction is in competent hands and, for a term of years, it has a measure of financial security. Something else is needed which will certainly be forthcoming. The active interest and support of Canadian nurses may surely be counted upon for *their* New School of Nursing.

Our Advertisers

We wonder sometimes whether our readers quite realize what we owe to our advertisers. Were it not for their loyal support, even in the face of hard times, it would be difficult, indeed, to finance the *Journal* without drawing too heavily upon the limited resources of the Canadian Nurses Association.

Please take the time to examine carefully the advertising pages of this issue, and note the firms who, year after year, have stayed by us. The products they advertise are thoroughly reliable, and may be used with confidence by institutions or by individuals. Note the newcomers, too, who show by their presence in our pages that they believe that our *Journal* is going places and doing things, and is therefore a good advertising medium.

Business firms should not be expected to pay for "good will advertising" under present conditions. They have a right to expect a return for what they spend. If you buy standard medical preparations, or uniforms, or textbooks, or shoes, or food products advertised in the *Journal,* tell the firm concerned that you saw their advertisement, and appreciate their support. Write to the Canadian offices of the firm concerned. The addresses are always given.

Perhaps you are more interested in postgraduate courses, or registries, or travel tours than in commercial products or nursing literature. The same advice applies. Tell them you saw it in *The Canadian Nurse.*

One word more. Every time you renew your own subscription, or, better still, get a new subscriber, you help us to get advertising. It is circulation that counts. Help our advertisers to help us. We both deserve it.

Good Work

One of these days a special number of the *Journal* is going to be devoted to singing the praises of nurses who help to make the section devoted to *News Notes* readable and interesting.

One of our most dependable and indefatigable contributors is Miss Ethel Greenwood, convener of publications for the Registered Nurses' Association of Ontario. Each of the ten districts in Ontario has its press representative, and two of them sent items for *every* number during the last year. In addition to collecting and arranging these notes, Miss Greenwood has also sent in interesting addresses and articles for publication in the body of the *Journal.* Such a thorough piece of work takes both time, energy and patience.

The function of *News Notes* is to keep our readers informed concerning all events of professional interest which take place in various local centres. By reading this section carefully, a good deal can be learned about what is going on, all over the country, in the various nursing organizations, both large and small. Items of personal interest are also accepted. But if you want to know more, read OFF DUTY. We are there invested in our motley and are given leave to speak our mind.

ENROLMENT FOR EMERGENCY SERVICE

One of the many important and beneficent projects of the Canadian Red Cross Society is the enrolment of nurses for emergency service. In *Notes from the National Office,* in this issue of the *Journal,* the Executive Secretary gives full information concerning the manner in which the Canadian Nurses Association has, in the past, co-operated with the Red Cross Society in making provision for meeting this vital national need. The report made by the National Joint Committee for the Enrolment of Nurses for Emergencies to the Central Council of the Canadian Red Cross Society has, through the courtesy of Dr. J. L. Biggar, National Commissioner of the Canadian Red Cross Society, been made available for publication and is here quoted in full.

The record of the Enrolment to date is as follows:

British Columbia	215
Alberta	68
Saskatchewan	39
Manitoba	106
Ontario	305
Quebec	130
New Brunswick	34
Nova Scotia	44
Prince Edward Island	10
Out of Canada	44
	995

Last year at this time there were only 576 Enrolled Nurses. The enrolment in British Columbia had not taken place when the last report was made and, in addition, there have been gains in every Province.

The following self-explanatory letter was received from the Director-General of Medical Services when the first list of Enrolled Nurses had been sent to him:

"I have today received from you the list of trained nurses who have signed that they are willing and ready to serve in the event of war or national disaster. This list is a very valuable one and I am arranging to have it placed properly in the records at Defence Headquarters, so that it may be used in any mobilization. It is noted that your Society undertakes to keep the list corrected up to date. Therefore, any amendments you put forward will be carefully filed and the necessary corrections made in the original. With very high appreciation for this public service rendered by your Association, (Signed) J. T. Clarke, Colonel, Director-General, Medical Services."

A copy of this communication was sent to the Secretary of each of the Provincial Nurses' Assocations and to our Divisional offices, in order that everyone concerned might realize that the Officers of the Department of National Defence considered the plan of enrolling and registering nurses for emergencies to be of paramount importance. The Committee also gave consideration to suggestions that had been received regarding the classification of the nurses who enrolled. The Committee agreed that a simple classification based principally upon the age of the registrants would be the most effective and instructed the Secretary to recommend the idea to each of the Provincial Joint Committees.

This report is in itself ample proof that in none of the Provinces is enrolment nearly as high as it should be. Canadian nurses have always responded promptly and willingly to all demands made upon them for service in emergencies, either in war or in peace. They will surely not be backward in enrolling under the banner of the Canadian Red Cross Society, a body which stands ready to provide that competent direction and efficient organization which has proved such a bulwark of strength to the country in times of danger and distress. Read *Notes from the National Office* and enrol at once.

Department of Nursing Education

Convener of Publications: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

A NEW TEACHING DEVICE

GRACE M. FAIRLEY, R.N., Principal and Director of Nurses, The Vancouver General Hospital School of Nursing, Vancouver.

The clinical administration of hypodermic and interstitial injections is always an important, and sometimes a difficult, nursing procedure. Its demonstration in the classroom has been complicated in the past by the fact that the frequent use of a living model is not always possible or desirable. The accompanying illustration (figure 1) shows, in actual use, a simple teaching device whereby students may perfect themselves in the technique of hypodermic injections before attempting to apply their knowledge in actual ward practice.

As all things in a class room have to be named, it would seem that the term "rubber arm" would be appropriate and descriptive. The arm is made of sponge rubber, covered with a "skin" of plain rubber, one-sixteenth of an inch thick, and is about the size of an average adult arm, being about four inches in diameter. It has enough resistance to demonstrate, or to practice, the holding between the fingers of the necessary amount of skin or muscle tissue, as the case may be, for giving the various superficial or deep hypodermic injections. As the rubber is porous, except for the skin covering, and the device is open at each end, any water injected evaporates readily.

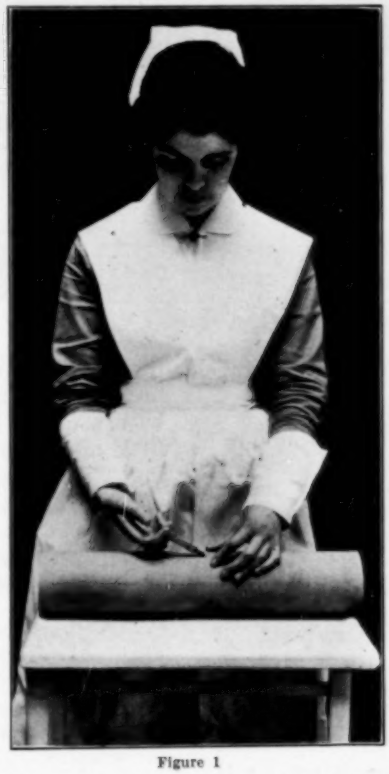


Figure 1

This is an addition to teaching equipment that the writer has felt the need of for a long time. The difficulty has been in getting a manufacturer to make the arms. However, they can now be obtained at a cost of $4.85, a price which makes it possible to have a sufficient supply in the classroom to allow students to practice in groups.

Another practical point in the teaching of this procedure is the use of Placebo hypodermic tablets, which can be put into empty tubes, and marked with the name of any drug and any strength. The use of these tablets is both less expensive and safer than permitting the student to practice with drug tablets. They can be procured from Charles E. Frosst and Company, Montreal, at a cost of about $6.00 per 1,000, or 15c per tube.

For the administration of interstitial injections, it was found to be more satisfactory to use the "square", tied round the chest of the Chase Doll. The square in the picture (Figure 2) is merely a rubber bath mat, cut in two, but squares of sponge rubber with a skin covering 12″ x 10″ x 2″ are now to be had from the manufacturer, The Dominion Rubber Company.

By using this device, the student is given an opportunity of seeing the needles inserted under the breasts in a manner not possible with a Chase Doll, and acquires a little more confidence when assisting with this treatment on the wards. The water does not "run" into the "tissues" very quickly but it is none the less quite satisfactory for this demonstration.

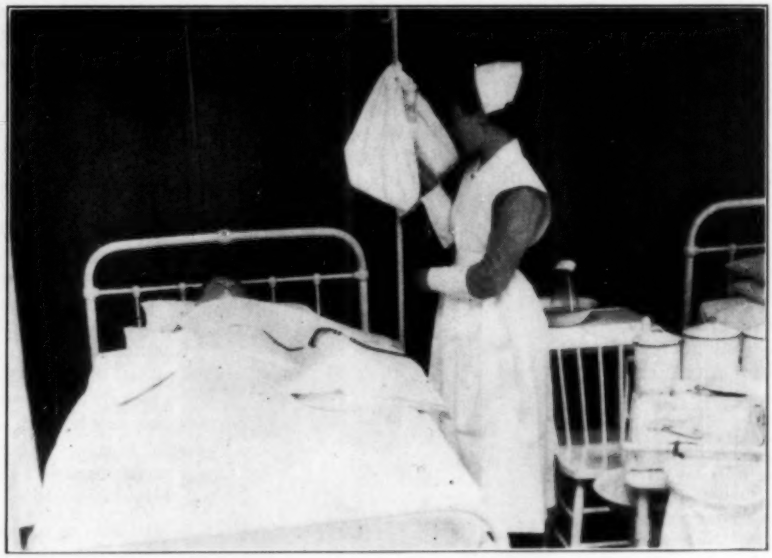


Figure 2

NURSING EDUCATION IN THE MARITIMES

These are stirring days in the Maritimes. New Brunswick is getting the work of its Provincial Joint Study Committee under way, and Nova Scotia has completed one special course in nursing education and is now planning another.

The Registered Nurses' Association of Nova Scotia, under the active direction of its president, Miss Anne Slattery, is sponsoring a five-day Institute to be held June 12 to June 16, immediately preceding the Annual Meeting of the provincial association.

A tentative outline of the programme is as follows:

Public Health:

Dr. H. Grant, Dean of Medicine, Dalhousie University.

Psychology:

Dr. E. Brison.

Hospital Administration:

Dr. H. Scammell, Assistant Superintendent, Victoria General Hospital.

Administration and Teaching in Schools of Nursing:

Ethel Johns.

On June 13, Dr. H. B. Atlee will lecture on State Medicine. This session will be an open meeting which all members may attend whether registered for the Institute or not.

Considerable interest is being shown by the nurses of the Province and a good attendance is expected.

A special course in Nurse Education has just been concluded by the Extension Department of St. Francis Xavier's University, Antigonish. It covered a period of four weeks, and was inaugurated principally for instructors in the various Schools of Nursing in the Maritime Provinces in order to help them qualify for standard requirements, as recommended by Professor G. W. Weir of the Department of Education, University of British Columbia, in his Survey of Canadian Schools of Nursing.

The following subjects were taught in the first period of the course:

Educational Psychology—30 hrs.
Methods of Teaching—30 hrs.
Mental Hygiene—30 hrs.

The professors of this course were: Rev. M. M. Coady, D.D., Ph.D. in Education; Rev. J. Boyle, M.A. in Education; Mr. A. F. Chaisson, M.A. in Education and Mrs. A. F. Chaisson, M.A. in Mental Hygiene.

Twenty-three nurses from various parts of the Maritime Provinces, most of whom are instructors in Schools of Nursing, registered for the first period. The following hospitals were represented:

Glace Bay General Hospital, Glace Bay, N.S.
New Waterford General Hospital, New Waterford.
St. Joseph's Hospital, Glace Bay.
St. Rita Hospital, Sydney.
St. Martha's Hospital, Antigonish.
St. Joseph's Hospital, Saint John.
Hotel Dieu Hospital, Campbellton.
Hotel Dieu Hospital, Chatham.
Hotel Dieu Hospital, Tracadie.
Hotel Dieu Hospital, St. Basils.
City Hospital, Charlottetown.

A SILVER JUBILEE

It is sometimes a source of surprise and of regret to critical observers of the nursing field to discover how frequently changes occur in the direction of schools of nursing. It stands to reason that continuity of policy and concentration of effort cannot be carried on under such circumstances. There is, however, at least one school in Canada to which this criticism does not apply.

The School of Nursing of the Royal Victoria Hospital, Montreal, is fortunate in many respects. Its buildings are beautiful in themselves and have a setting which is unsurpassed anywhere. It can offer its students exceptional clinical opportunities and it has a distinguished medical faculty. Best of all, it has had as its head for twenty-five years, a woman who is held in respect and admiration by the nurses of Canada.

On May 10, the Alumnae Association of the R.V.H. celebrated the twenty-fifth anniversary of Miss Mabel Hersey's appointment as Superintendent of Nurses, in a manner worthy of the occasion. She was presented with a diamond pin, and with a sum of money which is to be the nucleus of a scholarship fund which she is to administer. Her students gave her a bouquet of roses, a rose for every year of her service to their School.

Canadian nurses recall the dignity and charm with which Miss Hersey, in her capacity as President of the Canadian Nurses' Association, played the part of hostess at the International Congress in 1929, and will share in congratulating her on her silver jubilee.

TUBERCULOSIS WEEK

During the week of June 26, the Royal York Hotel, Toronto, will be the meeting place of what is described as a five-in-one tuberculosis conference, the largest and most helpful ever planned in Canada. The following organizations will take part:

The Canadian Tuberculosis Association.

The National Tuberculosis Association.

The Sanitorium Association U.S.A.

The Tuberculosis Secretaries Conference U.S.A.

The Conference of Ontario Medical Officers of Health.

The programme provides for the discussion, by distinguished speakers, of almost every aspect of tuberculosis, clinical, social and economic. The sessions of the Administrative Section, which are to be held June 28 to June 30, will certainly be most helpful and stimulating to nurses.

The Canadian Tuberculosis Association hopes that as many Canadians as possible will send in their dollar membership fee to this Association, and attend, as members in good standing, the luncheon, at which short addresses will be given by the President of the National Tuberculosis Association, the Medical Director of the National Tuberculosis Association, Sir Humphrey Rolleston and Professor Lyle Cummins. The tickets for the luncheon will be $1.00 each.

Department of Private Duty Nursing

CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris, Ont.

SHARING THE LOAD

FAY SIMMONS, R.N., Supervisor, Hourly Nursing Service, Illinois State Nurses Association, First District, Chicago.

Nursing at the present time is on a threshold and whether it goes forward or whether it slides back, depends in a large measure on how we approach the problems now confronting our profession. Shall we accept the existing inadequacies in employment for nurses and nursing care for patients, and merely sit back and hope that something will turn up that will solve our problems for us, or shall we with an open mind, cheerfully determine to help do something *ourselves* to better conditions for both nurse and patient?

We know that many persons, who in the past have employed special nurses for the entire period of their illnesses, are now financially obliged to do without any special nursing, or to use it only during the comparatively short critical period of an illness or following an operation. This does not mean that more individual attention is not desirable to a certain degree. Can we not arrive at some balance whereby the patient will receive the amount of nursing care he needs and nurses will be occupied for reasonable hours, giving actual nursing care?

This brings us to a consideration of two proposed solutions, namely, Group Nursing and Hourly Nursing. Group Nursing concerns the patient in the hospital. Let us turn our attention to this first.

To anyone who is concerned with supplying patients with nursing care, it is obvious that there is wide variation in the amount of care needed. In most institutions there are but two alternatives when a patient enters a hospital; either he receives general floor care, or he employs a special nurse who devotes her entire time to caring for this one person. This continuous care is an actual necessity in a surprisingly small proportion of cases.

Eight, ten, and twelve hour duty, as instituted in some hospitals, provides varying amounts of nursing care and is a step in the right direction. However, some patients may need only eight hours of nursing care out of the twenty-four, but it is stretched out at intervals, and cannot be condensed into eight consecutive hours. To meet this need, Group Nursing has been proposed, and would seem worthy of careful study.

What is Group Nursing? It is generally accepted to "designate that type of nursing service in which patients are grouped in a special ward or unit for the purpose of receiving nursing care of a specific quality and cost." The term

---

(An address delivered at an Open Meeting of the Private Duty Section of the Registered Nurses Association of Ontario, Windsor, April 21, 1933.)

* "The American Journal of Nursing", June, 1931. "Institutional Nursing as Defined by the Joint Distribution Committee."

has been applied to nursing service in hospitals where the ratio of patients per nurse has varied from two to one to ten to one, but for the purpose of this paper, I am confining myself to those experiments where it has been the intent to keep the ratio of patients to nurse at two or three to one, at least during the morning hours. This ratio is based on the number of nurses actually engaged in floor duty, not the total of nurses employed throughout the hospital.

There has been considerable variation in the methods of operation. The majority of the systems studied maintain an eight-hour day for the nurses. In all but one instance, the nurses are employed and paid by the hospital. The salaries range from $90.00 to $130.00 a month and differ as to the amount of maintenance included. The amount charged to the patient, by the hospital, for continuous service, varies from $4.00 to $8.00 for twenty-four hours care.

One well established system, in St. Mary's Hospital at Rochester, Minnesota, has been in operation since 1920. Here the ratio of patients to a nurse is only two to one, both day and night, the nurses alternating day and night duty. The patients are in single adjoining rooms. The patients retain the same nurses as long as they wish this type of care and pay the nurses directly.

A rather recently instituted system, but one which shows promise of great success, is at Mt. Sinai Hospital, New York City. A floor, planned and built with group nursing in mind, consists of six large four-bed wards, arranged in pairs, with a utility room and nurse's station between each pair. Two nurses are on duty in each ward from 7.00 a.m. to 3.00 p.m.; one from 3.00 p.m. to 11.00 p.m.; and one from 11.00 p.m. to 7.00 a.m.; the nurses from adjoining wards relieving each other for meals. Much thought has been given to working out the details of this experiment, and reports after a year in operation, are favorable from the points of view of patient, hospital, doctor, and nurse.

The Massachusetts General Hospital, St. Luke's Hospital, Duluth, Grace Hospital, Detroit, and the Psychiatric Department of Johns Hopkins Hospital report favorably on their experience with group nursing.

The extra transferring of patients is agreed to be one of the chief difficulties of administration. Other objections raised by some who have experimented unsuccessfully or are generally opposed to the system are:

1. If one patient requires more care than another, it is unfair to the one needing less, but paying the same.
2. There is danger of partiality being shown one patient.
3. It is only "glorified general duty."
4. It takes work away from the special nurse.
5. If one nurse cares for patients with different doctors, conflicts will arise when the doctors make rounds.
6. The patient gets no more than he should be entitled to for the price of his room.

Unfairness and partiality can be effectively avoided by the employment of the right type of nurse. Without doubt, it requires understanding, ingenuity, and tact on the part of a nurse to deal with three different temperaments, in one room, at the same time. However, if the nurses are carefully selected with these qualities in mind, these objections should fade into insignificance.

That it is scarcely different from general duty is true only if the ratio of patients to nurse is allowed to become too great .

It is generally conceded by hospitals using group nursing that most patients availing themselves of it would be unable to afford special nurses. Rather than taking work away from special nurses then, it is creating work for some of them who would otherwise be making the waiting list longer for the rest.

Regarding the making of rounds, if doctors and nurses are unable to arrive at some system of co-operation by which rounds can be made to the satisfaction of all concerned, in the interest of the patient, for whose benefit group nursing was primarily instituted, is there not a more vital maladjustment than the problems created by a new system of nursing service?

Whether this type of nursing provides more care than should be included in the price of a hospital room is the next consideration. If not, why should the patient be obliged to pay extra for this nursing care? The charge is made that some hospitals have allowed their general floor service to deteriorate to an extent that patients, with even minor illnesses, feel the necessity of having a special nurse in order that their needs may be supplied. It is asserted that the added technical and administrative duties expected of general staff nurses have decreased the time available for actual bedside care of patients.

To how much nursing care then is a patient entitled for the price of his hospital room? A ratio of one nurse available for actual bedside care for every four or five patients is conceded by some to provide satisfactory floor service.* If this be true it would seem that a ratio of one to two or one to three would insure sufficient additional attention to warrant an extra charge. Furthermore, why should patients demanding extra attention and able to pay for it, obtain it for the price paid by other patients on floor care who do not need or demand so much attention?

One reads much about the comparison of Group Nursing with General Staff Nursing. Is it a question of Group Nursing *vs.* General Staff Nursing? Why not Group Nursing in addition to General Staff Nursing? This would leave all the arguments in favour of bettering general floor care intact, but would relieve the floor of the burden of caring for patients who wish additional attention and can pay for it.

Persons connected with the experiments studied for this paper agree that Group Nursing offers the following advantages:

To the patient it supplies graduate nursing care at a lower cost than the rate for continuous special nursing. This, coupled with satisfaction of the patient as to quality and quantity of care received, constitute a strong argument in favour of Group Nursing.

To the doctor it has proven the equal of special nursing in accuracy of carrying out orders, in co-operation of the nurse, and in her interest in caring for the patient. In fact, Doctor A. H. Lockwood maintained in a paper published in the *Canadian Nurse* in 1928, that "experience has shown that with the right type of nurse, the attention is often more thorough because when it is necessary to work under greater tension and pressure, efficiency is developed."

To the hospital, the advantages are a more constant staff of nurses, a closer contact with the nurses, and the appreciation of patients that have been benefited by the opportunity of using the service.

---

* See "American Journal of Nursing", February, 1931. Shirley Titus, "Institutional Nursing".

To the nurse it offers steady employment with regularity of earnings and shorter hours. Judging from the testimonies of nurses who have been engaged in group nursing, they find it interesting, stimulating and satisfying.

The similarity of experience in various systematically conducted ventures, adds weight to the opinion that group nursing can be advantageously employed, to the satisfaction of all parties concerned. The degree of success seems to depend largely upon the care with which plans are worked out for instituting such a service. Special arrangement of rooms, adequate provision for equipment in close proximity to the patient's room and the limiting of the ratio of patients to nurse, have been found to contribute in large measure to its successful operation.

Let us now turn our attention to the patient in the home who needs some skilled nursing care but does not require it over a long period of the day. There are many such patients. Nursing by the hour, furnished at a stated time, to patients who can afford to pay for skilled nursing but do not need it continuously, has developed into what we now call Hourly Appointment Nursing. It is not a new idea. Registries have, from time to time, for many years, received isolated requests for a nurse for an hour or so at a time, and hourly nursing has been offered by some Visiting Nurses Associations, in addition to their regular service, for the past ten or fifteen years. The *extension* of the field of hourly nursing, however, has been a fairly recent innovation. Visiting nursing is, of course, similar in many ways, the chief differentiation being that hourly nursing is paid for on a time basis, rather than on a visit basis, and that it is furnished at a stated time, that is, by appointment. The fundamental principles governing all public health nursing are applicable to hourly nursing and its aims and objectives are the same.

The Joint Committee on Distribution of Nursing Service of the American Nurses' Association has drawn up a set of Tentative Standards for Hourly Nursing Appointment Service which furnishes a very excellent guide to anyone planning to institute such a service. It states first "that its purpose must be to serve the public economically, efficiently and in terms not now being met adequately, and second that there must be a perpetually experimental attitude towards the work so that it may be kept at all times abreast of current needs." The principle of fixed responsibility is important in establishing an hourly nursing service in order to offer organized protection to patient, nurse, and community. To quote from the Tentative Standards:

> This principle of a fixed responsibility recognizes the distinction between a free lance project in hourly appointment service, and that launched by some definite organization. A committee or organization has, as its objective, that of providing sound nursing service to the community, whereas an individual establishes this service largely from the viewpoint of personal convenience and personal fortune. The community anticipates, and has a right to expect, stability both in duration and in quality of service, from an organization, which it cannot require from an individual. While it is recognized that many nurses working on a free lance basis give service of excellent quality, it is also realized that these nurses cannot control the quality of work of their associates, nor can they assure the community that the service will be available regardless of changes in their personal fortunes. Furthermore, these individual nurses cannot explore further needs, develop now methods or promote an adequate program of hourly appointment nursing.

What organization or group should assume the responsibility for administering hourly appointment service? There are a number of possibilities. It would seem that an already existing organization engaged in health work in a community should take this step rather than necessitating the formation of an entirely new organization. Depending on the size of the community, this may be any one of the following:

1. The organization which administers the visiting nurse service.
2. The nurses official registry.
3. A hospital.

If none of these exists, a committee composed of members representing groups who are concerned with health problems, such as the health department, the medical profession, any public health nursing agency or a group of interested lay persons could well sponsor such a service. A Rural Home Bureau asks how its members might go about establishing such a service. A Social Service Center, which operates a clinic, considers adding hourly nursing to its activities. A project in Paris was undertaken by the heads of several Schools of Nursing working co-operatively. These are examples of how adaptations of the general principles can be made to fit in with available resources.

Many requests are received from individual nurses wishing to start hourly nursing independently. It is recognized that there may be communities where none of the agencies described exists, or where none of them is interested in sponsoring an hourly service. In such instances, certain recommendations should be made to guide a nurse starting this work on her own responsibility. Suggestions for these individual ventures have been prepared and can be secured from the Headquarters of the American Nurses' Association. May I quote a short paragraph from these suggestions:

> We suggest that in developing your Hourly Nursing Service you keep in mind the possibility of broadening into an organization. Visiting Nurse Associations have shown us that the nursing needs of home patients are best met through an organization. Too, a nurse working for an organization, we believe, has a better opportunity than when working alone, for attaining the things we want for all nurses—reasonable hours, reasonably adequate income, regularity in leisure, opportunities for further study and for promotion, and a longer more profitable working life.

Specific recommendations are then enumerated in regard to policies, techniques, records, fees, relationships with the medical profession and all other agencies.

In whatever way the service is administered, it is absolutely essential that co-operation exist with the medical profession, and that there be a rigid adherence to professional ethics. A Medical Advisory Committee is most desirable in the administration of an hourly nursing service. If there are to be standing orders, they should be obtained in collaboration with the local medical society. It is recommended specifically that a doctor shall be in attendance on all cases.

Co-operation with all health and social agencies is imperative if a well rounded community program is to be ensured. The keeping of accurate though simple records and accounts is necessary, in order to evaluate the work being done, and to serve as an aid to further development.

A continuous program of publicity is essential. The availability of hourly nursing and how it can be used to advantage must be kept constantly before the physician and the public.

Editor's Note: A second article by Miss Simmons will appear in the July issue of the *Journal*.

ARE THEY DOWNHEARTED?

Serious reductions have recently been made in the Public Health nursing staff of the Province of Manitoba. Nevertheless their News Letter for April reflects the typical Western reaction to trials and tribulations:

> While it is difficult to see the silver lining through the fog of our present difficulties, we remember having gone through it before. In 1922, the department faced exactly the same difficulties that we do to-day, without the support of that health consciousness in our people which they now possess. The staff who may suffer through their work being taken from them, are assured of every effort to assist them during the present trials. At this time of the year, when hope springs forth anew, we may confidently hope that nursing service will ultimately be restored to the people.

A valuable suggestion concerning the profitable use of compulsory "leisure" is embodied in a letter written by Miss A. Wasko:

> I have just returned from Ninette Sanatorium, where I spent eleven days of my month's compulsory leave observing the work. It certainly is a wonderful opportunity for any nurse to learn something worthwhile about tuberculosis, and also to have sufficient rest, good food, and a pleasant time generally.

Just to show that a sojourn at the Provincial Sanatorium has definite professional, as well as hygienic and cultural values, Miss Minshall contributes this comment:

> A tuberculosis diagnosis clinic has been held at Ninette School. The procedure in this clinic is similar to that of a travelling tuberculosis clinic, except that complete physical examinations are given only to those who react to the test. At the first tuberculosis clinic in my district, histories and temperatures were recorded just previous to the intra-cutaneous injections. This caused considerable delay to the doctor giving the tuberculin. In order to save time, I took the temperature and wrote the histories the previous day. This saved the time of one doctor, and 90 children received tuberculin in forty-five minutes.

Are they down-hearted? No!

⁂

Department of Public Health Nursing

CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

COMMUNICABLE DISEASE NURSING IN THE HOME

MARION E. NASH, Educational Director, Victorian Order of Nurses, Montreal.

For the past nine years, the Victorian Order of Nurses in Montreal has been giving nursing care to cases of communicable disease in the home. The question is sometimes raised whether or not these patients should all be treated in hospital, but various circumstances combine to make this impossible, and the visiting nurse by caring for this type of illness is making a real contribution to the community welfare. The teaching possibilities are manifold, and the opportunities many, for helping, not only to control the spread of these so-called communicable diseases of childhood, but to prevent the complications that often do as much damage as the original infection.

In undertaking to give such a service, the Victorian Order of Nurses recognizes that it has:

A responsibility to its staff.

A responsibility to the community in that there must be no danger of carrying infection from house to house.

An obligation to consider the cost.

In order to protect the health of the nurse, arrangements are made for every nurse to have a physical examination before being admitted to the staff, and yearly thereafter. Shortly after appointments are ratified, each nurse is given a Schick test, and, if necessary, immunized against diphtheria. Typhoid vaccine is given at regular intervals. Only those nurses who have had communicable disease training are engaged.

To make doubly sure of protection for both nurse and patient, a routine procedure has been worked out, and a mimeographed copy is given to each nurse. A demonstration of this procedure is given in the classroom, and wherever possible, we arrange for an observation visit in the home. At least one supervisory visit is made with every nurse while she is on this service. Nurses are not assigned to this duty until they have been six months on the staff. The service rotates, each nurse taking her turn for a period not exceeding one month at any one time.

The third item, the cost, is in part controlled by carrying the milder infections as part of the general program. These cases are cared for at the end of the day. Because of public opinion, and because the human element must be considered when we are dealing with life, it has been found necessary to assign a special nurse to scarlet fever, diphtheria, or erysipelas. This nurse does not visit maternity or surgical cases, but she does carry chronic and medical cases, such as pneumonia and influenza.

To the best of our knowledge, during this nine-year period, we have never had a case of cross infection; nor have we had but one nurse develop a communicable disease. This one case occurred in the early days of the experiment, and before our nurses were immunized.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario

The following is an outline of the procedure used by our organization. We would appreciate comments or criticism.

Equipment

If the case is known to be communicable, the nurse takes with her the following extra supplies to be left in the home:

Thermometer. Bottle green soap. Nail brush. Cap and gown. Applicators and tooth picks. Tongue depressors. Small roll absorbent cotton. Bedside notes and pencil.

On first visit newspaper bags, squares and additional newspapers.

Mode of Procedure

In room, as remote as possible from the source of infection, place bag on clean newspaper. Protect with a newspaper the chair on which outdoor clothing is to be placed, folding coat so that lining is protected.

Open bag and remove two paper towels, one of which is to be used for a clean surface, and bottle of green soap.

Put watch and cuffs on this clean area.

Roll sleeves well back. Make paper bags and squares.

Wash hands under running water.

Re-open bag, remove bottle of alcohol, 5 or 6 paper towels, a couple of toothpick swabs, and anything else required for treatment.

Receipt book and records are to be removed and left on closed flap of bag.

Close bag and do not re-open unless hands are washed.

Spread a second towel, and on it place articles needed for treatment, paper squares, towels, and watch, and take these into the room with you, along with paper bags already prepared.

Consider as uncontaminated only the two clean areas that you create for yourself, one within and one without the room.

If a New Case

Cap and gown are to be put on at once, and assemble articles necessary for care:

2 basins—one for nurse and attendant, one for patient.

2 cakes soap—one for attendant, one for patient.

1 nail brush, wash cloths and towels.

1 slop pail, kettle or pitcher of hot water, pitcher of cold water, clothes boiler (partially filled with cold water) or large pan—(if electric washer, clothes boiler may be omitted).

2 glasses—one for mouth wash, one for thermometer.

1 small basin, tooth brush, brush and comb, vaseline for thermometer, cream for lips, boracic powder and solution, lysol or other disinfectant, applicators, tongue depressors.

Arrange on tray when possible. Have attendant clear dresser or table in patient's room and cover with clean newspapers and towel. Prepare mouth wash and other solutions. Prepare any treatments ordered. Then proceed as outlined under the following caption:

If Old Case

On entering room put on cap and gown.

Take pulse, handling watch on square on paper towel.

Pull gown aside with the other hand and slip watch into pocket.

Cleanse hand basin, drop in brush and ask attendant to boil same. Take temperature and while thermometer is registering, make fresh solution and prepare mouth wash. Read and cleanse thermometer.

Put disinfectant in pail. Empty all solutions into pail. Cleanse mouth, dropping swabs into paper bag.

Teach patient to use squares of old muslin or paper napkin in which to collect discharges; leave bag for same in convenient place.

Give any treatment that is ordered.

Remove clean brush from basin with paper square and wash hands after giving treatment. Empty and refill basin. Give general care.

Place soiled linen in boiler ready to be put on to boil, or wrap in paper until it is to be transferred to electric washing machine or to disinfectant bath. Transfer all waste to one bag ready for burning.

Wash hands, empty and refill basin, always using paper squares to handle soap, bottle, basin, kettle, and pitcher.

Write bedside notes.

Scrub hands thoroughly, empty and refill basin. Remove cap and gown, turning infected side in, and place in paper bag. Wash hands, empty and refill basin for attendant. Place conveniently paper bag for waste, soap and paper squares for use of attendant.

Leave room, wash hands under running water, clean nails with swab stick moistened in alcohol, and rub a little alcohol into hands. Open bag, write records, return alcohol and soap bottle to bag.

Have family open door.

Concurrent Disinfection

Teach attendant to wear gown when caring for patient, teach how to remove and hang gown and to wash hands before leaving room, and to go directly to the tap and wash under running water.

To burn left-over food, and to boil patient's dishes.

How to care for excreta and bedroom vessels.

To have patient use paper or muslin squares for all discharges from mouth and nose, and to collect these in paper bags and burn.

To keep room clean, light and well ventilated, and to protect mattress and pillows, as far as possible.

Terminal Disinfection

At the close of the case, teach attendant:

To burn all that can be burned, such as books and papers.

To boil bedroom vessels and bed linen.

To wash blankets and hang in the sun to dry.

To put mattress and pillows in the sun for, at least, twenty-four hours.

To clean room thoroughly.

The nurses' supplies are returned to the office, where the cap and gown are sterilized, and the other articles boiled. The thermometer is washed with green soap, rinsed, and wrapped in an alcohol swab for ten minutes. Laboratory tests of this method have proven it to be reliable.

LETTERS TO THE EDITOR

The Right Spirit

Please find enclosed a renewal of my subscription to *The Canadian Nurse* and accept my sincerest thanks for your consideration in sending it to me during these months after my subscription ran out. I was really unable to renew sooner, as I have had almost no work at all during the past year. However, I have been fortunate in securing a position and am spending part of my very first cheque to pay my subscription, as I find a great deal of real interest in our magazine and would not be without it.

Allow me to congratulate *The Canadian Nurse* on its new uniform and its several improvements. I think articles such as *The Frontier Hospital,* in the March issue, are of real home interest and would like to see more of them.

R. A. H., '30,
Alberta.

The Open Forum

You asked for comments on *A Statement of Policy* in the May issue. I like the suggestion of an open forum; a question box is usually interesing and helpful.

Speaking of case studies, I thought perhaps that a member of our medical staff who has been very ill, when he is sufficiently recovered, may be induced to write his own case history, giving us both the physician's and patient's viewpoints.

I hope that every private duty nurse reads the article on *Nursing in Private Homes.* There were only two points it missed: the nurse who has such sore feet and poor health, or who, so engrossed with a book or fancy work, that the patient hates to disturb her. With best wishes for the success of *The Canadian Nurse.*

DOROTHY THOMAS,
Chatham, Ontario.

"The Nurses' Word"

Two weeks ago the Jugoslavian nurses had their yearly meeting in Ljubljana. There were delegates from all over the country and it was a good and successful piece of work for this small group of Slovenian nurses. I was at the opening as the delegate of the Institute of Hygiene. Amongst other things, there was an extremely interesting historical and chronological exhibition of popular health literature by Slovenian authors. In the near future we shall have a little meeting with the local nurses in order to discuss critically the International Congress. The Zagreb group have started to issue a monthly paper, *"The Nurses' Word".*

DR. AMALIA SIMEC,
Ljubljana, Jugoslavia.

BOOK REVIEWS

IMPROVISED EQUIPMENT IN THE HOME CARE OF THE SICK, by Lyla M. Olsen, R.N., General Superintendent of Nurses, Kahler Hospital, Rochester, Minnesota. 197 pages, 285 illustrations. Published by W. B. Saunders Company, London and Philadelphia. Canadian agents: McAinsh & Co., Ltd., Toronto. Second edition, March 6, 1933. Price, $1.50.

This book is a complete little volume, just the right size to slip into a nurse's bag. It should help the young graduate to surmount some of her difficulties, and prove of considerable value to any nurse working in a rural district.

Many of the suggested improvisations have been successfully tried out by experienced Public Health nurses; some others appear to be fairly difficult to manipulate, and presuppose rather primitive conditions.

Of especial interest are the suggestions for weights for Buck's Extension, for hypodermoclysis outfit, drip bulb for Murphy drip and for graduated measuring glass. The illustrations add much to the value of the book. An acceptable gift for a nurse on graduation day.

ROSE TANSEY, R.N.,

Supervisor, V.O.N., Montreal, Que.

STATE BOARD QUESTIONS AND ANSWERS FOR NURSES (Foote). Eleventh edition, 1933. Revision—1,002 pages. Published by J. B. Lippincott Company, Canadian Office, 525 Confederation Bldg., Montreal. Price, $3.50.

This book, compiled by Dr. Foote and first published about fifteen years ago, has firmly established itself in nursing literature. While it is not recommended as a textbook for student nurses, it has long been the friend of the young graduate nurse, when reviewing her studies in preparation for registration examinations.

The 1933 edition is excellent, as the subject matter has been carefully prepared by eleven instructors in leading Schools of Nursing, who are actually presenting the various subjects in the classroom.

The subjects are classified as follows:

Materia Medica: Anne Ziegler, R.N., Instructor in Materia Medica, Bellevue Hospital, New York.

Anatomy and Physiology; Caroline Stackpole, M.A., Associate in Biology, Teachers College, Columbia University.

Hygiene and Bacteriology: Elsie E. King, R.N., B.S., Science Instructor, St. Mary's School of Nursing, Rochester, Minn.

Medicine: Florence K. Wilson, R.N., M.A., School of Nursing of the University of Nebraska.

Surgery: Luella Gardner, R.N., Instructor in Surgical Nursing, Cook County School of Nursing, Chicago.

Gynecology and Obstetrics: M. Cordelia Cowan, R.N., M.A., Educational Director, Women's Hospital Post-graduate School for Nurses, New York City.

Pediatrics: Mary E. Norcross, R.N., B.S., Assistant Director, School of Nursing, Children's Hospital, Boston.

Dietetics: S. Margaret Gillman, M.A., Director, Department of Nutrition, New York Hospital, New York.

History and Ethics: Eula B. Butzerin, R.N., M.A., Director, Course in Public Health Nursing, University of Minnesota.

Chemistry: Gretchen O'Luros, B.A., Department of Nursing Education, Cass Technical High School, Detroit.

Psychiatry and Neurology: Edith M. Haydon, R.N., Superintendent of Nurses, St. Elizabeth's Hospital, Washington, D.C.

Another interesting feature is that space is given, at the end of each chapter, to the newer type of examination questions with answers, such as (a) Completion Type; (b) True-False Type; (c) Selection Type (Single Choice); (d) Selection Type (Multiple Choice); (e) Analogy Type; (f) Matching Terms Type. The method of conducting this type of examination is also very carefully explained.

The set-up of the book conforms with high standards of production. The type and spacing are good and the index is carefully prepared. It contains a wealth of up-to-date material in the subjects mentioned, and will be invaluable to graduate nurses in any field and will serve as an excellent aid to the Nurse Instructor when preparing the newer type of examination questions.

MARTHA BATSON, REG.N.,
Instructor of Nurses,
The Montreal General Hospital Training School for Nurses.

RECEIVED FOR REVIEW

WHEAT, EGG OR MILK-FREE DIETS WITH RECIPES AND FOOD LISTS, by Ray M. Balyeat, M.A., M.D., F.A.C.P., Associate Professor of Medicine and Lecturer on Diseases Due to Allergy, University of Oklahoma Medical School; Chief of the Allergy Clinic, University Hospital; Consulting Physician to St. Anthony's Hospital and to the State University Hospital; President of the Association for the Study of Allergy, 1930-31; Director, Balyeat Hay Fever and Asthma Clinic; assisted by Elmer M. Rusten, M.B., M.D., and Ralph Bowen, B.A., M.D., Chief of Section, Dermatology; Chief of Section, Pediatrics, of Balyeat Hay Fever and Asthma Clinic, Oklahoma City, Okla. Published by the J. B. Lippincott Company, Canadian Office, 525 Confederation Bldg., Montreal. Cloth. Octavo. Illustrated. 149 pages.

NURSES HANDBOOK OF OBSTETRICS, by Louise Zabriskie, R.N., Field Director, Maternity Centre Association, New York City. 535 pages, 280 illustrations, 6 of which are in colour. Published by the J. B. Lippincott Company, Canadian Office, 525 Confederation Bldg., Montreal. Price, $3.50.

A CORRECTION

In the May issue of the *Journal*, an appreciation, by Dr. Maude Abbott, of A General History of Nursing, by Lucy Ridgely Seymer, was published. The MacMillan Company of Canada has requested that attention be drawn to the fact that, while The MacMillan Company of New York was correctly given as the house of origin of this publication, it is published in Canada by the MacMillan Company of Canada, Limited.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

THE NATIONAL EXECUTIVE.

The Canadian Nurses Association, a federation of the nine provincial registered nurses' associations, is the recognized professional organization of nurses in the Dominion of Canada. Representing over nine thousand registered nurses, the Association requires an able body to formulate policies, prepare programmes and direct activities. The group to which is entrusted these responsibilities is the Executive Committee.

The personnel of the Committee includes the five officers, elected by ballot at each biennial meeting of the C.N.A.; the chairmen of the three national sections of 1, Nursing Education; 2, Private Duty; and 3, Public Health; and the Councillors, that is the chairmen of the corresponding provincial sections and the presidents of the provincial associations,–forty-four members in all. This method of appointment for a national executive body gives the federated units equal representation, responsibility and privilege in participating in national nursing progress. It is probable that many members of the provincial organizations do not fully realize the extent of the demands made upon their own officers who, by virtue of their office, are also automatically required to share the heavy responsibilities of the Executive Committee of the National Association.

The Executive Committee meets immediately prior to, and following, biennial meetings, and in the interim, it has become customary for the President to call a meeting every three months. Executive Committee meetings can, however, be called at any time, subject to a request in writing from two or more of the federated units. These meetings are usually held in the city in which the President resides. Five members form a quorum, but frequently it is possible to have seven or more members attend. A very worthy and desirable objective is the holding of an Executive Committee meeting midway between biennial meetings of the C.N.A., at which would be present one or more Councillors from each Province. At present, contact with the entire forty-four members must be chiefly by correspondence. Members are notified three weeks in advance of each meeting and of the proposed agenda. Later, a copy of the Minutes, recorded in detail, is mailed to every member.

Executive Committee meetings always require from five to six hours of continuous attention. The agenda includes reports from executive officers at headquarters, financial statements, reports from Standing and Special Committees, National Sections, Provincial Associations and those organizations with which the C.N.A. is affiliated. In addition, correspondence for consideration by the Executive is varied in subject and is voluminous.

Standing Committees:

The three Standing Committees are:— (1) Programme, (2) Arrangements, (3) Publication. The first two are responsible for the general preparations for the biennial meeting, while the third is an advisory body in the interests of *The Canadian Nurse*.

Special Committees:

The Special Committees are appointed by the Executive Committee, as occasion arises, for the study of specific problems. Their findings and recommendations are submitted to the Executive for its guidance in determining future actions and policies in connection with the problem subjects. The naming of personnel for Special Committees is dependent on the nature of the subject to be considered. Some require provincial representation, while others must be chosen because of their proximity, so as to permit personal conferences; also, it is imperative that those who have special qualifications and experience for a definite subject should be sought for appointment. The time for which a special committee functions varies. To cite specific instances: the Committee to which was delegated the responsibility of having placed in the Hall of Fame, Parliament Buildings, Ottawa, a Memorial Panel to Canadian Nurses, carried on for over six years. At present, there are two Committees of long standing: The National Enrolment Committee, first organized in 1926, and the National Joint Study Committee, originally appointed in 1927. In addition to these long term committees there are a number of others in operation at present, viz:

Membership Campaign.

Exchange of Nurses.

Florence Nightingale Memorial Fund.

Historical Development of Nursing in Canada for the Biennial Meeting, 1934.

History of Nursing in Canada.

The promotion of publicity by which higher education of Nurses in Canada may be brought to the attention of nurses and the public through *The Canadian Nurse*.

The use in commercial advertising of pictures of nurses in uniforms.

Religious Guilds for Nurses.

The study of means whereby the coordination of nursing education activities may be undertaken, through a central organization representing the three National Sections.

It is unnecessary to add that the secretarial and stenographic work necessary in the administration of the Executive Committee and in meeting demands from the Special Committees' activities is tremendous. The major portion of this work is done at the National Office, where the staff consists of the Executive Secretary and one assistant.

It is surmised that C.N.A. members wish to be informed of the "machinery" by which the national organization carries on. This brief account is inadequate, as it is impossible to recount the unselfishness of those members who accept the responsibilities of office and administration on behalf of the Association at large.

NATIONAL ENROLMENT OF NURSES

Several years ago, at a General Meeting of the Canadian Nurses Association, there was discussed the question of the Association approaching the Canadian Red Cross with a recommendation that negotiations be opened with the Federal Government to bring about a system of enrolment from which nurses would be appointed to military service when needed, and from which they might be called upon for emergency work in time of any national and provincial disaster. Finally, it was decided that a special committee should be appointed by the Executive. The three members elected were the three immediate Past-Presidents, C.N.A. Their first undertaking was to arrange for a conference between the President of the C.N.A., the Director-General of the Medical Services of the Department of National Defence, and the Chief Commissioner of the Canadian Red Cross Society.

The scheme presented by the C.N.A. was in effect that:

The plan be put into operation by the C.N.A. in co-operation with the Canadian Red Cross.

Nurses enrolled would be known to be ready for emergency service, in case of war or disaster, the provincial divisions of the Canadian Red Cross co-operating with the Provincial Registered Nurses Association to keep the enrolment accurate and up-to-date.

The National Office of the Canadian Red Cross to have ready for the Department of National Defence a complete list of nurses who have volunteered for emergency service, should that Department require such a list at any time.

Later, the C.N.A. was advised by the Director-General of Medical Services that the scheme laid down at the conference received the full endorsation of the Department of National Health. The federated associations of the C.N.A. were then asked to express opinion and to state the extent to which they would be willing to support a scheme of enrolment. The replies were sufficiently favourable to warrant the C.N.A. Enrolment Committee consulting further with the Canadian Red Cross Society. The latter organization stated its willingness to proceed with the plan. The method of enrolment drafted by the Committee received the approval of the C.N.A. and the Canadian Red Cross Society. Briefly the plan is:—

The names of nurses wishing to enroll are collected by the Provincial Registered Nurses Associations and are passed on to the provincial offices of the Canadian Red Cross after eligibility has been determined.

Eligibility is determined by (a) Registration in any province of Canada; (b) Recommendation by the Executive of the Provincial Nurses Association in the Province in which the individual resides.

The C.N.A. is not directly concerned in the enrolment of individuals but is represented by its members on the National Nurses Enrolment Committee of the Canadian Red Cross Society. This Committee consists of six members, three from each organization.

The enrolment on the part of the nurse is entirely voluntary and, while the act of enrolment means that a nurse is ready to respond to calls for service, there are a number of conditions which will receive consideration by the joint committee before a nurse is called to service. These are:—

The responsibilities of the position she is holding.

The urgency and importance of the work upon which she is engaged.

The type of work for which she is best fitted.

The nature of the service required.

The enrolment, thoughtfully carried out by the members of the C.N.A. with each one fully realizing the responsibility she has undertaken, will undoubtedly be the means of saving many valuable lives when nurses are needed by the Red Cross or the Department of National Defence. Members of the C.N.A. representing the Association on the National Enrolment of Nurses Committee in the Canadian Red Cross Society are: Miss Ruby E. Hamilton, Convener, Miss E. MacP. Dickson, Miss Ruby M. Simpson and Miss Rahno Beamish.

Information and forms of enrolment can be obtained from the Secretary of each Provincial Association of Registered Nurses.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: On April 12 the Graduating Exercises of the Royal Alexandra Hospital, Edmonton, took place, and forty-five nurses received their diplomas, prizes, flowers, congratulations and advice, and commenced a new chapter in the book of nursing. Miss Munroe, Superintendent of the school, stated that, in its 26 years, the school had graduated 434 nurses. The standard has been considerably raised and Junior Matriculation is now required for admission. One dominant note seemed to prevail in the addresses of the afternoon: the nurse's place as a force for good in the community and the tremendous scope in the world today for women who are physically, mentally and emotionally prepared to work side by side with men in bringing about better conditions, beauty and harmony in daily life.

Following the exercises, members of the Woman's Hospital Auxiliary served tea to the graduates and their friends, and on Wednesday evening, the annual dance, given by the Hospital Board, in honor of the graduating class was held, when Miss Munroe, Superintendent of Nurses, Mrs. A. F. Anderson and Mrs. E. T. Love received the guests.

The Alumnae Association of the Royal Alexandra Hospital has donated the sum of two hundred dollars to help to equip a dietetic department in connection with a new chemistry laboratory opened recently for the use of the R.A.H. student nurses. Through the winter the Association has also aided the Victorian Order of Nurses by supplying knitted garments for children.

On April 4, 1933, at Fort McMurray, Ruby Alberta Irish (Class '31, Royal Alexandra Hospital) was married to Richard Douglas Ferrier.

The regular meeting of the Edmonton Association of Graduate Nurses was held on April 19. The speaker, Mrs. A. R. Osborn, presented a very practical and interesting ideal: "How to live on 24 hours a day." "We must not merely live to work" (said Mrs. Osborn), "we must learn to live graciously; and refrain from carrying over yesterday's burdens into today. We should complete today's duties the best we know how, then leave it behind and start the new day with a clean sheet. It is the carry-over that burdens life."

The annual banquet given in honor of the graduating class of '33 was held on March 29, when 118 covers were laid, and a most enjoyable evening was spent.

LAMONT: Miss Noreen Lum (Lamont '32) has just completed a post-graduate course in obstetrics at the Vancouver General Hospital, and on April 8 sailed for Hong Kong, China, where she will engage in hospital work. Miss Grace Oyama, (Lamont '28) is enjoying her work in St. Luke's International Hospital, Tokyo, Japan.

LETHBRIDGE: The annual dinner of the Lethbridge Graduate Nurses' Association was held on April 3, forty-five members being present. Following the dinner, bridge was enjoyed by all.

At a recent meeting of the private duty section of the Lethbridge Graduate Nurses' Association, it was decided that the fees for 12 hour special duty be reduced for the present, to $4.00. Formerly the charge was $5.00 for 12 hour duty. Reductions in fees have also been made in a number of other cities in the Province.

NEW BRUNSWICK

SAINT JOHN: A very successful silver tea was held recently under the auspices of the Women's Hospital Aid at the S.J.G.H. Nurses Residence. A substantial sum was raised to carry on their work among the hospital patients.

The marriage took place on April 15, of Thelma Noddin (S.J.G.H., 1925) to Mr. H. I. Steele.

Miss L. McIntosh (S.J.G.H.) was married recently to Mr. Peter Woodcock.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

DISTRICT 1

ST. THOMAS: The marriage of Miss Florence Treherne to Mr. Elvon Wisson took place on March 3, 1933. Miss Treherne was a member of the 1931 graduating class of the St. Thomas Memorial Hospital.

WINDSOR: The Hotel Dieu Hospital Alumnae Association held their regular meeting in April, when Dr. L. G. McCabe gave a very interesting lecture, showing slides illustrating The Disease of Cancer and its Symptoms. There was a large attendance of members.

DISTRICT 2

BRANTFORD: Miss Ethel Johns, Editor of *The Canadian Nurse*, was a recent guest of Brantford General Hospital School for Nurses, when she addressed a large group of graduate and student nurses, the subject being—A Hungarian School of Nursing. During the course of her address, she described the political and economic situation in Hungary and also told of many interesting experiences during the organization of the Hungarian School for Nurses. Miss E. M. McKee, superintendent of the Brantford General Hospital, acted as chairman of the meeting and Miss Marjorie Buck, President of the R.N.A.O. introduced the speaker. Following the address a reception was held.

Miss J. M. Wilson, Miss K. Charnley and Miss O. Pickell, attended the annual meeting of the R.N.A.O. held recently in Windsor.

At the monthly meeting of the Brantford Nurses' Alumnae Association, arrangements were made for entertaining the graduating class of 1933. Miss K. Charnley, delegate to the R.N.A.O. convention, gave a splendid report of the meetings held in Windsor.

GUELPH: Miss Helen Pass, Guelph General Hospital, class 1930, is recovering after a recent serious illness.

OWEN SOUND: Graduates of the Training School for Nurses of the Owen Sound General and Marine Hospital during a period thirty years, since the school was first instituted in 1903, and other graduate nurses who have made Owen Sound their professional field, held their first banquet recently. Covers were laid for eighty at long banquet tables. Miss Cora Thompson, president of the Owen Sound Nurses' Alumnae Association, presided. An interesting programme was arranged. The speaker of the evening was Col. T. J. Rutherford. Plans have been formed to make this spring-time banquet an annual rally for the members of the nursing profession in Owen Sound and its immediate district.

SIMCOE: Misses M. Buck, H. Booth and M. Widdis, of the staff of the Norfolk General Hospital, and Misses S. Wallace and M. Holland of the Hospital Registry, attended the annual R.N.A.O. Convention in Windsor.

Miss Winter of the Victorian Order of Nurses of Toronto recently gave a demonstration on "Obstetrical Care in the Home" at the Norfolk County Medical Association meeting. An invitation was extended to the nurses to attend this meeting and there was an excellent response.

WOODSTOCK: The Alumnae Association of the Woodstock General Hospital, met April 4, at the Nurses' Residence, Miss G. Jefferson presiding. An interesting programme was arranged under the convenership of Miss A. Cook, and splendid musical numbers were given, following which tea was served and the evening closed with a social half hour.

Miss H. Potts, Superintendent of the Woodstock Hospital, Miss Ella Eby and Miss A. Cook, attended the Annual meeting of the R.N.A.O. held at Windsor. The latter two were sent as delegates from the Alumnae Associations.

Many pleasing comments were made regarding the redecorating of the Old Wing Sitting Room at the hospital. This was financed by the Alumnae Association.

DISTRICT 4

HAMILTON: The April meeting of St. Joseph's Hospital Alumnae Association proved extremely interesting when Dr. W. P. Downes delivered a lecture on Coronary Thrombosis. Miss Mabel MacIntosh brought home a full report of the convention in Windsor.

The last entertainment of the season took place on April 28. This was an informal dance under the convenership of Miss Florence Nicholson and her able committee. The guests were received by the president, Miss Eva Moran, and approximately seventy couples were present. During the intermission entertainment was provided by Marjorie, Mary and Adell, three tiny tots of about five years of age. A substantial sum of money has been realized from bridge parties and dances, which is being used to purchase necessary articles for the training school. An anatomical model has been procured and it is the intention of the members to continue this work.

Miss Florence Mary Carroll (St Joseph's Hospital, 1927) was married recently to Mr. A. Smith of Point Pleasant.

Our members are sorry to hear of the illness of Sister M. Bernadine. The members of the Association regret the untimely death of Sister Alphonsine of the office staff, and extend their sympathy to her family.

DISTRICT 5

TORONTO: A meeting of The Community Health Association of Greater Toronto, was held in the Academy of Medicine, Toronto, on the evening of May 1, with an attendance of about seventy-five members. A letter was read from the Canadian Red Cross Society soliciting the assistance of the membership at a Tag Day to be held in the near future. The Committee on Maternal Welfare reported satisfaction at the success of the Maternal Welfare Institute held recently under its sponsorship. Dr. Frederick Tisdall, of the Department of Pediatrics, Hospital for Sick Children, spoke on "The Health of the Pre-School Child." Mrs. Helen Bott, Instructor, Parent Education Division, St. George's School for Child Study, spoke on "The Training Programme of The St. George's School for Child Study." At the close of this very interesting meeting, refreshments were served.

Miss Kathleen Burt (T.G.H. 1930), sailed on April 28, for a visit to England and Scotland. After attending the International Congress of Nurses in Paris, she will go to Vellore, India for two years, as supervisor in the Medical College Hospital.

TORONTO HOSPITAL FOR SICK CHILDREN: Miss O. Kerr is in charge night duty of the Infant Ward and Miss Kathleen Fortune has joined the day staff in charge of the Ear, Nose and Throat Department of the Hospital for Sick Children.

Dr. and Mrs. Walter Oakes (Louise Rogers 1928) have moved to Clinton, Ont. Miss Nora Moore has been appointed Director of Public Health Nursing in Toronto, and Miss Zada Keifer has been appointed assistant to Miss Moore.

Miss Irma Janet Hartley (H.S.C. 1926) was recently married to Dr. Ernest Rupert. They will reside in Toronto.

A bridge and dance was held recently at the Grant Macdonald Training School for Nurses. The committee included Miss I. Weekes, Miss K. Cuffe and Miss M. McCullough. The ballroom was prettily decorated in green and white and a very enjoyable evening was spent.

DISTRICT 6

PETERBOROUGH: Chapter C, District 6, R.N.A.O. held their monthly meeting on April 25, at the Nicholls Hospital Residence. In the absence of the President, Miss Dixon, Mrs. Leason graciously consented to act as Chairman. There was a good attendance. Reports were called for from the various committees. Especially good was the report of the Education Fund by Mrs. Leason. Discussion took place as to ways to raise funds for the McGill School for Graduate Nurses. Miss Young and Miss Lauder were appointed as a committee for this purpose. The programme for the evening was very instructive. A chapter from the Survey of Nursing Education was well presented by Miss Walsh, choosing for her theme: "Is Nursing a Profession?" Miss Anderson gave a brief review on the Windsor Convention. Miss Anderson will, at a later date, give a full report.

DISTRICT 8

OTTAWA: The Maternity Institute, sponsored by a representative committee of District 8, R.N.A.O., was conducted at the Ottawa Civic Hospital by Miss E. M. Cryderman, Ontario supervisor of the Victorian Order of Nurses for Canada. Thirty graduate nurses were present from public health institutional and private duty fields of District 8, all of whom were keenly interested in the refresher course. Miss Marjorie Robertson, chairman of the public health section, presided, and Dr. T. A. Lomer was present at the opening session. He spoke briefly on the growing interest in maternal welfare.

Miss Cryderman spoke at the morning session, when she outlined the broader aspects of maternal welfare problems, and devoted considerable time to a discussion of the subject of nursing supervision during the pre-natal period. The importance of breast feeding and the work of the Mothercraft Societies of England and Toronto, were discussed thoroughly during the afternoon.

Miss Elizabeth Smellie entertained at dinner at the Chelsea Club in honor of Miss Marjorie Bell, director of the Visiting Housekeepers Association of Toronto, who spoke at the evening session on the "Nutrition of Pregnancy." Following her address, Miss Gertrude Bennett and her staff at the Ottawa Civic Hospital served refreshments.

A discussion of group teaching was led by Miss Cryderman, who described the work being done in New York, Montreal and Toronto with classes of expectant mothers. An exhibition of posters showing maternal and infants' clothing was the centre of much interest. Miss Kate McIlraith, supervisor Ottawa branch of the Victorian Order of Nurses, gave an interesting demonstration of home preparation for confinement. Dr. W. J. Stevens, chief obstetrician of the Ottawa Civic Hospital, was present and answered a number of questions.

QUEBEC

MONTREAL: A meeting of the History of Nursing Society of Montreal was held at the Notre Dame Hospital on April 20 with Miss M. Batson presiding. We were disappointed to find that Dr. Maude Abbott, our Honorary President, was ill, and was therefore unable to favour us with the promised account of her trip in Greece. Miss Batson reported that a section had been set apart in the Medical Museum at McGill University for the archives of the History of Nursing Society, and told us that the collection is increasing and well worth a visit.

The programme consisted of three splendid papers given by students at the McGill School for Graduate Nurses, and sponsored by Dr. Abbott. The first paper, given by Miss Purtell of the Victoria General Hospital, Halifax, N.S., was on "The Primitive Mother." Miss Purtell pictured to us the nursing instincts of this woman, whon we should look upon as the founder of our profession.

Miss Buchanan of the Royal Victoria Hospital presented a paper on Asklepios made very interesting by translations from Roman and Greek mythology and delivered in a charming manner.

"Down the Ages in Bib and Tucker", an address given by Miss McLennan of the Royal Victoria Hospital, Montreal, was an excellent history of the nursing uniform, from that of the Deaconesses and Virgins of the early Christian era, to that of the present day. These papers will be preserved in the archives of the Society.

The School of Nursing of the Children's Memorial Hospital held its graduation exercises on April 28, at which 18 nurses received the diplomas and pins of the school. Doctor H. B. Cushing was in the chair, and the Very Rev. Arthur Carlisle, D.D., pronounced the invocation. A short resume of the work of the Institution during the past year, and an explanation of the new policy of the School, namely the abolition of the undergraduate course and the establishment of a post-graduate and affiliate school, was given in the chairman's address. Dr. Cushing also expressed the regret of the members of the Hospital Board and the medical and nursing staffs, at the passing of Mr. George H. Smithers, who for many years, was the friend and president of the institution. Dr. C. F. Martin, Dean of the Medical Faculty, McGill University, gave the address to the graduating class. Mrs. F. A. Finley presented pins and diplomas to the new graduates, after which the group repeated the Florence Nightingale Pledge. Mrs. J. D. Oppe presented special prizes to those of outstanding ability.

The Alumnae Association of the Children's Memorial Hospital entertained on April 27, at dinner, in honor of the graduating class of 1933. Miss A. S. Kinder, Honorary President of the Association and Superintendent of Nurses, Dr. Mary Childs, prominent in the paediatric and child welfare work of the city, Miss E. B. Asplet, and fifty guests and members were present. The toast to the King was proposed by Miss Gough. Miss E. Alexander, after reading an interesting letter from one of the Hospital's first patients, proposed a toast to the Alma Mater. Miss Kinder proposed the toast to the graduating class and the response was given by Miss M. Collins, president of the class. Dr. Mary Childs, guest speaker of the evening, gave an interesting and entertaining address to the new members of the profession. A toast to the absent members was proposed by Miss E. Bottomley and to the profession by Mrs. C. H. P. Moore. The entertainment suppied by the small pupils of Miss Betty Spiers School of Dancing, proved to be a source of delight to all. Miss Paterson is to be congratulated on the success of an enjoyable event.

A very pleasant musical evening was held at the Western Hospital on March 14, which was attended by about a hundred nurses and their friends. The artists who contributed to the programme were: Miss Marjorie Howell, F.T.C.M., pianist; Miss Phyllis McLearon, soprano, Mrs. A. E. Coleman, elocutionist, and Miss Norma McLean, violinist. Miss McLean also brought a small orchestra, composed of her pupils, who played several selections. Mrs. Edith Haines-Keuster was the accompanist.

OBITUARY

FULLER—There passed away into the life beyond, on April 7, 1933, after a brief illness, in the Montreal General Hospital, Miss Ella Florence Fuller, R.N., esteemed member of the Alumnae Association of the Montreal General Hospital School for Nurses (Class 1916). Miss Fuller was a highly respected member of the Private Duty Nursing group, and was as well known for her charming and sweet manner as for her kindly and capable administrations. She will be sadly missed by all with whom she ever came in contact.

McGIBBON—At Hamilton, on April 29, 1933, after a year's illness, Catherine McGibbon. Miss McGibbon was a graduate of the School of Nursing of the Toronto General Hospital, Class of 1908, and is deeply regretted by all who knew her.

. . . OFF . . . DUTY . . .

Our critics are our best friends . . . we know it . . . and try to stifle our cries . . . beneath their salutary blows . . . but sometimes the worm turns . . . as in the present instance . . . take News Notes, for example . . . a most important section . . . of this Journal . . . due on the eighth of the month . . . yes they are, too . . . look under the News Notes caption . . . there it is in cold type . . . but here it is the ninth . . . and not a quarter of them in yet . . . and the printer howling horribly for copy . . . next month the critics will view with alarm . . . why does the Journal not do its duty . . . where is that account of our graduating exercises . . . it was sent in on the eighteenth . . . and the Journal goes to press on the fifteenth . . . that is the answer . . . now we have begun about News Notes . . . we are going to lose all control over ourselves . . . and speak our mind . . . News Notes should describe events of professional interest . . . meetings and so forth . . . dates should be given . . . names should be spelt correctly . . . yes, Miss Spoopendyke . . . we spell it with an "i" . . . unless you notify us . . . to the contrary . . . marriage announcements appear in News Notes . . . under appropriate local headings . . . but not in the body of the Journal . . . a wedding by the river's brim . . . a simple wedding is to HIM . . . but it is nothing more . . . at least not to us . . . not long ago . . . one of our colleagues chided us . . . for being so hard-boiled . . . what about human values, said she . . . have they not a place? . . . certainly, said we . . . but not in the body of the Journal . . . unless the nuptials happened to be yours . . . when, of course, it would be stop-press news . . . even if you sent it in . . . on the fifteenth . . . we would feature it . . . perhaps in a leading article . . . but certainly in the body . . . why? said she . . . spectacular news value, said we . . . then the announcements of the arrivals . . . of the younger generation . . . if we printed them all . . . we should have to throw out our editorial . . . an alternative which is unthinkable . . . from our standpoint . . . so now you know . . . how we feel . . . about those News Notes . . . due on the eighth . . . and here it is the ninth . . . and not a quarter of them . . . here yet . . . but we seem to be starting . . . all over again . . . oh, yes, we forgot . . . no more announcements of births . . . even the dotted line . . . must be drawn somewhere . . . no . . . not even in News Notes . . . due on the eighth . . .

Official Directory

International Council of Nurses:

Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland.

CANADIAN NURSES' ASSOCIATION

Officers

Honorary President............................Miss M. A. Snively, General Hospital, Toronto, Ont.
President..Miss F. H. M. Emory, University of Toronto, Toronto, Ont.
First Vice-President.........................Miss R. M. Simpson, Parliament Bldgs., Regina, Sask.
Second Vice-President........... Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary...........................Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer..............Miss M. Murdoch, St. John General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held viz: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

British Columbia: (1) Miss M. P. Campbell, 516 Vancouver Block, Vancouver; (2) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (3) Miss M. Kerr, 946 20th Ave. West, Vancouver, (4) Miss E. Franks, Ste. 5, Tudor Manor, 1035 Fairfield Rd., Victoria, B.C.

Manitoba: (1) Miss Jean Houston, Manitoba Sanatorium, Ninette; (2) Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg; (3) Miss A. Laporte, St. Norbert; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4) Miss Mabel McMullen, St. Stephen.

Nova Scotia: (1) Miss Anne Slattery, Box 173, Windsor, (2) Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax; (3) Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; (4) Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

Ontario: (1) Miss Mary Millman, 126 Pape Ave., Toronto; (2) Miss Constance Brewster, General Hospital, Hamilton; (3) Miss Clara Vale, 75 Huntley St., Toronto; (4) Miss Clara Brown, 23 Kendal Ave., Toronto.

Prince Edward Island: (1) Miss Lillian Pidgeon, Prince Co. Hospital, Summerside; (2) Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss I. Gillan, 59 Grafton St., Charlottetown; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown,

Quebec: (1) Miss C. V. Barrett, Royal Victoria Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Marion Nash, 1246 Bishop Street, Montreal; (4) Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Montreal.

Saskatchewan: (1) Miss Elizabeth Smith, Normal School, Moose Jaw; (2) Miss G. M. Watson, City Hospital, Saskatoon; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs, Regina; (4) Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

CHAIRMEN NATIONAL SECTIONS

NURSING EDUCATION: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; PUBLIC HEALTH: Miss M. Moag, 1246 Bishop St., Montreal; PRIVATE DUTY: Miss Isabel MacIntosh, 281 Park St. S., Hamilton.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES' ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; VICE-CHAIRMAN: Miss M. F. Gray, University of British Columbia, Vancouver; SECRETARY: Miss E. F. Upton, Suite 221, 1396 St. Catherine St. West, Montreal; TREASURER: Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa.

COUNCILLORS.—**Alberta:** Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss M. F. Gray, University of British Columbia, Vancouver. **Manitoba:** Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax, **Ontario:** Miss Constance Brewster, General Hospital, Hamilton. **Prince Edward Island:** Miss M. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss Martha Batson, Montreal General Hospital, Montreal. **Saskatchewan:** Miss G. M. Watson, City Hospital, Saskatoon. CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg:

PRIVATE DUTY SECTION

CHAIRMAN: Miss Isabel MacIntosh, 281 Park St. S., Hamilton; VICE-CHAIRMAN: Miss Mabel McMullen, Box 338, St. Stephen; SECRETARY-TREASURER: Mrs. Rose Hess, 139 Wellington Street, Hamilton.

COUNCILLORS.—**Alberta:** Miss Phyllis N. Gilbert, 113 25th Ave. W., Calgary **British Columbia:** Miss E. Franks, Ste. 5, 1035 Fairfield Road, Victoria. **Manitoba:** Miss K. McCallum, 181 Enfield Crescent, Norwood. **New Brunswick:** Miss Mabel McMullen, St. Stephen. **Nova Scotia:** Miss Jean Trivett, 71 Cobourg Road, Halifax. **Ontario:** Miss Clara Brown, 23 Kendal Ave., Toronto. **Prince Edward Island:** Miss M. Gamble, 51 Ambrose St., Charlottetown. **Quebec:** Miss Sara Matheson, 2151 Lincoln Ave., Montreal. **Saskatchewan:** Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon. CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss M. Moag, 1246 Bishop St., Montreal; VICE-CHAIRMAN: Miss M. Kerr, 946 20th Ave. W., Vancouver; SECRETARY-TREASURER: Mrs. I. Manson Prince, School for Graduate Nurses, McGill University, Montreal.

COUNCILLORS.—**Alberta:** Miss B. A. Emerson, 604 Civic Block, Edmonton. **British Columbia:** Miss M. Kerr, 946 20th Ave., W., Vancouver; **Manitoba:** Miss A. Laporte, St. Norbert. **New Brunswick:** Miss Ada Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax. **Ontario:** Miss Clara Vale, 75 Huntley St., Toronto. **Prince Edward Island:** Miss Ina Gillan, 59 Grafton St., Charlottetown. **Quebec:** Miss Marion Nash, 1246 Bishop St., Montreal. **Saskatchewan:** Mrs. E. M. Feeney, Dept. of Public Health, Parliament Buildings, Regina. CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munro, Royal Alexandra Hospital, Edmonton; First Vice-President, Mrs. de Satge, Holy Cross Hospital, Calgary; Second Vice-President, Miss S. Macdonald, General Hospital, Calgary; Secretary-Treasurer, Miss Kate S. Brighty, Administration Building Edmonton; Nursing Education Section, Miss J. Connal, General Hospital, Calgary; Public Health Section, Miss B. A. Emerson, 604 Civic Block, Edmonton; Private Duty Section, Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

BRITISH COLUMBIA

Graduate Nurses' Association of British Columbia

President, M. F. Gray, 3629 W. 2nd Ave., Vancouver; First Vice-President, E. G. Breeze; Second Vice-President, G. Fairley; Registrar, H. Randal, 516 Vancouver Block, Vancouver; Secretary, M. Kerr, 516 Vancouver Block, Vancouver; Conveners of Committees: NURSING EDUCATION, J. Davidson, 516 Vancouver Block, Vancouver; PUBLIC HEALTH, M. Duffield, 175 Broadway E., Vancouver; PRIVATE DUTY, M. Mirfield, 516 Vancouver Block, Vancouver; COUNCILLORS, M. P. Campbell, M. Dutton, L. McAllister, K. Sanderson.

MANITOBA

Manitoba Ass'n of Registered Nurses

President, Miss Jean Houston, Ninette, Man.; 1st Vice-President, Miss M. Reid, Nurses Home, W.G.H. Winnipeg: 2nd Vice-President, Miss Christine McLeod, General Hospital, Brandon; 3rd Vice-President, Sister Krause, St. Boniface Hospital Board Members: Misses M. Lang, K. W. Ellis, C. Taylor, I. McDiarmid, M. Meehan, E. Shirley, E. Carruthers, K. McLearn, Sister Superior, Misericordia Hospital; Sister St. Albert, St. Joseph's Hospital; Miss J. Purvis, Portage la Prairie, General Hospital. Conveners of Sections: Nursing Education Section, Miss M. C. Macdonald, Central T. B. Clinic, 668 Bannatyne Ave., Winnipeg; Public Health Section, Miss A. Laporte, St. Norbert, Man.; Private Duty Section, Miss K. McCallum, 181 Enfield Crescent, Norwood, Man. Conveners of Committees: Legislative Committee, Miss C. Taylor; Directory Committee, Miss E. Carruthers; Social and Programme, Miss C. Billyard; Sick Visiting, Mrs. J. R. Hall; Treasurer and Registrar: Mrs. Stella Gordon Kerr, 753 Wolseley Ave., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital; First Vice-President, Miss Margaret Murdoch, Saint John General Hospital; Second Vice-President, Mrs. A. G. Woodcock, Victoria Public Hospital, Fredericton; Honorary Secretary, Sister Kenny, Hotel Dieu Hospital, Chatham; Conveners—Nursing Education Section: Sister Kerr, Hotel Dieu Hospital, Campbellton; Public Health Section: Miss Ada A. Burns, Health Centre, Saint John; Private Duty Section: Miss Mabel McMullin, St. Stephen; Constitution and By-Laws, Miss Sarah Brophy, Fairville, N.B.; Canadian Nurse, Miss Kathleen Lawson, 84 Wright St., St. John; Council Members, Saint John, Miss Dykeman, Miss Coleman. Moncton, Miss Myrtle Kay. Woodstock, Miss Elsie M. Tulloch. Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St., West St. John.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Anne Slattery, Windsor; First Vice-President, Miss Victoria Winslow, Children's Hospital, Halifax; Second Vice-President, Miss Ethel Grant, Infectious Diseases Hospital, Halifax; Third Vice-President, Miss Gertrude MacKenzie, 55½ Lemarchant St., Halifax; Recording Secretary, Mrs. Donald Gillis, 123 Vernon St., Halifax; Corresponding Secretary, Treasurer and Registrar, Miss L. F. Fraser, 10 Eastern Trust Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Dorothy Percy, Rm. 321, Jackson Bldg., Ottawa; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 380 Jane St., Toronto; Chairman, Nurse Education Section, Miss S. Margaret Jamieson, Peel Memorial Hospital, Brampton; Chairman, Private Duty Section, Miss Clara Brown, 23 Kendal Ave., Toronto; Chairman, Public Health Section, Mrs. Agnes Haygarth, Provincial Department of Health, Parliament Bldgs., Toronto; *District No. 1:* Chairman, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary Treasurer, Miss Lila Curtis, 78 Forest St., Chatham; *Districts 2 and 3:* Chairman, Miss Jessie M. Wilson, General Hospital, Brantford; Secretary-Treasurer, Miss Edith Jones, 253 Grenwich St., Brantford; *District No. 4:* Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Eva Barlow, 211 Stinson St., Hamilton; *District No. 5:* Chairman, Miss Dorothy Mickleborough, Provincial Dept., of Health, Parliament Bldgs., Toronto; Secretary-Treasurer, Miss Irene Weirs, 198 Manor Road East, Toronto; *District No. 6:* Chairman, Miss Rebecca Bell, General Hospital, Port Hope; Secretary-Treasurer, Miss Dorothy MacBrien, Nicholls Hospital, Peterboro; *District No. 7:* Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Olivia Wilson, General Hospital, Kingston; *District No. 8:* Chairman, Miss Dorothy Percy, Rm. 321, Jackson Bldg., Ottawa; Secretary-Treasurer, Miss A. G. Tanner, Civic Hospital, Ottawa; *District No. 9:* Chairman, Miss Katherine MacKenzie, 155 Second Ave. W., North Bay; Secretary-Treasurer, Miss Robena Buchanan, 197 First Ave. E., North Bay; *District No. 10:* Chairman, Mrs. Marion Edwards, 226 N. Harold St., Fort William; Secretary-Treasurer, Miss Ethel Stewardson, McKellar General Hospital, Fort William.

District No. 8 Registered Nurses Association of Ontario

Chairman: Miss D. M. Percy, Vice-Chairman; Miss M. B. Anderson; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses E. C. McIlraith, M. Graham, M. Slinn, A. Brady, M. Robertson, R. Pridmore; Conveners of Committees, Membership, Miss E. Rochon; Publications, Miss E. C. McIlraith; Nursing Education, Miss M. E. Acland; Private Duty, Miss J. L. Church; Public Health, Miss M. Robertson.

District 10, Registered Nurses Association of Ontario

Chairman: Mrs. F. M. Edwards; Vice-Chairman, Miss V. Lovelace; Secretary-Treasurer, Miss E. Stewardson, McKellar Hospital, Fort William; Councillors: Nurse Education, Miss B. Bell; Publication, Miss Robinson; Private Duty, Miss Elliott; Public Health, Miss Hamilton; Membership, Miss Chivers-Wilson and Miss Flannigan.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated 1920)

Advisory Board, Misses Mary Samuel, L. C. Phillips, M. F. Hersey, Bertha Harmer, M. A. Mabel Clint, Rev. Mere M. A. Allaire, Rev. Soeur Augustine;

President, Miss Caroline V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice President (English), Miss Margaret Moag, V.O.N., 1246 Bishop Street, Montreal; Vice-President (French), Rev. Soeur Allard, Hotel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Elsie Allder, Royal Victoria Hospital; Hon. Treasurer, Miss Marion E. Nash, V.O.N., 1246 Bishop Street, Montreal. Other members: Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Miss Charlotte Nixon, 2276 Old Orchard Ave., Montreal, Rev. Soeur St. Jean-de-l'Eucharistie, Hopital Notre Dame, Montreal. Conveners of Sections: Private Duty (English), Miss Sara Matheson, Apt. 24, Haddon Hall Apts., 2151 Lincoln Ave., Montreal; (French) Mlle Alice Lepine, Hopital Notre Dame, Montreal; Nursing Education (English) Miss Martha Batson, The Montreal General Hospital, (French) Rev. Soeur Augustine, Hopital St Jean-de-Dieu, Gamelin, P.Q.; Public Health, Miss Marian Nash, V.O.N., Bishop Street, Montreal; Board of Examiners, Miss C. V. Barrett (Convener), Royal Victoria Maternity Hospital, Montreal, Mme R. D. Bourque, Universite de Montreal (Ecole d'Hygiene Appliquee), Melles Edna Lynch, Apt. 3, 4503 rue St-Denis, Montreal, Laura Senecal, Hopital Notre Dame, Misses Rita Sutcliffe, 4635 Queen Mary Road, Montreal, Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Olga V. Lilly, Royal Victoria Montreal Maternity Hospital, Montreal; Executive Secretary, Registrar and Official School Visitor: Miss E. Frances Upton, Suite 221, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1927)

President, Miss Elizabeth Smith, Normal School, Moose Jaw; First Vice-President, Miss R. M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss M. McGill, Normal School, Saskatoon; Councillors, Sister Mary Raphael, Providence Hospital, Moose Jaw, Miss G. M. Watson, City Hospital, Saskatoon; Conveners of Standing Committees: Nursing Education, Miss G. M. Watson, City Hospital, Saskatoon; Public Health, Mrs. E. M. Feeny, Department of Public Health Regina; Private Duty, Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon; Secretary-Treasurer and Registrar, Miss E. E. Graham, Regina College, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording Secretary, Mrs. F. V. Kennedy; Corresponding Secretary, Miss K. Shore; Treasurer, Miss M. Watt; Convener Private Duty Section, Miss P. Gilbert; Registrar, Miss D. Mott, 2219 2nd St. W.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss P. Chapman; Second Vice-President, Miss E. Fenwick; Recording Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Press and Corresponding Secretary, Miss Clow, 11138 Whyte Ave., Edmonton; Treasurer, Miss M. Staley, 9838-108th St., Edmonton; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Miss M. Hagerman: First Vice-President, Miss Gilchrist; Second Vice-President, Miss J. Jorgenson; Secretary, Miss May Reid, Nurses' Home; Treasurer, Miss F. Ireland, 1st St.; Medicine Hat; Committee Conveners: New Membership, Mrs. C. Wright; Flower, Mrs. M. Tobin; Private Duty Section, Mrs. Chas. Pickering; Correspondent, "*The Canadian Nurse*", Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Mrs. J. P. Gussin; First Vice-President, Miss M. Madden; Second Vice-President, Miss P. Gausner; Third Vice-President, Miss A. Houston; Secretary-Treasurer, Miss M. McLeod, Box 905, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss K. Sanderson, 1310 Jervis St., Vancouver; First Vice-President, Miss M. D. MacDermot, Preventorium, 2755-21st Ave. E., Vancouver; Second Vice-President, Miss J. Davidson; Secretary, Miss F. H. Walker, General Hospital, Vancouver; Treasurer, Miss L. G. Archibald, 536-12th Ave. W., Vancouver; Council, Misses G. M. Fairley, M. F. Gray, M. Duffield, J. Johnston, J. Kilburn; Conveners of Committees: Finance, Mrs. Farrington; Directory, Miss M. I. Teulon; Social, Miss M. I. Hall; Programme, Miss G. Archibald; Sick Visiting, Miss C. Cooper; Membership, Miss M. Mirfield; Local Council of Women, Misses M. F. Gray, M. Duffield; Press, Mrs. D. K. Simms.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss D. Frampton; Second Vice-President, Miss C. McKenzie; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Miss E. B. Strachan, Miss H. Cruikshanks, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss M. K. Finlayson; First Vice-President, Miss J. Anderson; Second Vice-President, Miss H. Ward; Secretary, Miss J. A. Munro, 243 12th Street; Treasurer, Miss E. G. McNally, General Hospital; Conveners of Committees: Social and Programme, Mrs. S. J. S. Pierce; Sick and Visiting, Miss A. Bennett; Welfare Representative, Mrs. R. Darrach; Press Reporter, Miss. D Longley; Cook Book, Mrs. A. Kains; Registrar, Miss C. M. MacLeod.

ONTARIO

Graduate Nurses Alumnae, Welland

Hon. President, Miss E. Smith, Superintendent, Welland General Hospital; Hon. Vice-President, Miss M. Hall, Welland General Hospital; President, Miss D. Saylor; Vice-President, Miss B. Saunders; Secretary, Miss M. Rinker, 28 Division St.; Treasurer, Miss B. Eller; Executive, Misses M. Peddie, M. Tufts, B. Clothier and Mrs. P. Brasford.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss H. Hetherington; First Vice-President, Miss G. Dwane; Second Vice-President, Miss N. Arguin; Recording Secretary, Miss P. Gustafson; Corresponding Secretary, Miss M. Mason, 151a London St., Sherbrooke, P.Q.; Treasurer, Miss M. Robins; Representative, Private Duty Section, Miss M. Morrissette; Representative, "*The Canadian Nurse*", Miss C. Hornby, Box 324, Sherbrooke, P.Q.

Montreal Graduate Nurses' Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop Street; First Vice-President, Miss Sara Matheson; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop Street; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. Advisory President, Miss Cora Keir; Hon. President, Miss Beth Smith; President, Mrs. M. Young; First Vice-President, Miss M. Armstrong; Second Vice-President, Miss L. French; Secretary-Treasurer, Miss F. Caldwell, 262 Athabasca E.; Registrar, Miss C. Keir; Conveners of Committees: Nursing Education, Miss Last; Private Duty, Miss Wallace; Constitution and By-laws, Miss Lamond; Programme, Miss G. Taylor; Sick and Visiting, Miss McIntyre; Social, Miss Lowry; "The Canadian Nurse", Miss M. McQuarrie; Press Representative, Mrs. Philips.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital Edmonton

Hon. President, Miss F. Munroe; President, Mrs. Scott Hamilton; First Vice-President, Miss V. Chapman; Second Vice-President, Mrs. C. Chinneck; Recording Secretary, Miss G. Allyn; Corresponding Secretary, Miss A. Oliver, Royal Alexandra Hospital; Treasurer, Miss E. English, Suite 2, 10014 112 Street.

A.A., Holy Cross Hospital, Calgary

President, Mrs. L. de Satge; Vice-President, Miss A. Willison; Recording Secretary, Miss E. Thom; Corresponding Secretary, Miss P. N. Gilbert; Treasurer, Miss S. Craig; Honorary Members, Rev. Soeur St. Jean de l'Eucharistie, Miss M. Brown.

A.A., Lamont Public Hospital

Hon. President, Mrs. R. E. Harrison; President, Miss M. Boutillier; Vice-President, Miss L. Wright; Secretary-Treasurer, Mrs. C. Craig, Namao, Alta.; Corresponding Secretary, Miss F. E. C. Reid, Box 84, Innisfree, Alta.; Social Committee, Mrs. G. Harold, Mrs. M. Alton.

BRITISH COLUMBIA

A.A. St. Paul's Hospital, Vancouver

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Amable; President, Miss B. Geddes; Vice-President, Miss R. McKernan; Secretary, Miss F. Treavor, Assistant Secretary, Miss V. Dyer; Treasurer, Miss B. Muir; Executive, Misses M. McDonald, E. Berry, I. Clark, V. Pearse, S. Christie, R. McGillivary, K. McDonald.

A.A., Vancouver General Hospital

Hon. President, Miss Grace Fairley; President, Mrs. G. E. Gillies; First Vice-President, Miss J. Hardy; Second Vice-President, Miss E. Erskine; Secretary Mrs. J Jones, 3681 2nd Ave. W.; Assistant Secretary, Miss M. Grainger; Treasurer, Miss A. Geary, 3176 West 2nd Ave.; Committee Conveners—Programme, Miss C. Tretheway; Bond, Miss D. Bullock; Sick Visiting, Miss O. Shore; Sewing, Mrs. R. Gordon; Membership, Miss F. Verchere; Sick Benefit Fund, Miss I. McVicar; Representatives: Local Press, Mrs. R. Gordon; V.G.N.A., Miss Wilson.

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss Jean Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss J. Grant; Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss J. Stewart; Treasurer, Miss C. Todd; Entertainment Committee, Miss I. Goward; Sick Nurse, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Edith Jarrett; Secretary, Miss Elsie Fraser, Children's Hospital, Winnipeg; Treasurer, Miss M. Hughes, 15 Mount Royal Apts., Winnipeg; Sick Visiting Committee, Miss M. Atkinson; Entertainment Committee, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Nurses Home; President, Miss Clara Miller, 825 Broadway, Wpg.; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Wpg.; Second Vice-President, Miss M. Madill, F. Ashford Blk., Wpg.; Secretary, Miss Jeannie Archibald, Shriners Hospital, Wpg.; Treasurer, Miss Etta Shirley, 14 King George Ct., Wpg.; Social Convener, Miss K. McCallum, 181 Enfield Cr., Norwood; Sick Visiting Convener, Miss B. Greville, 211 Hill St., Norwood; Rep. to Local Council of Women, Miss M. Rutley, 12 Eugenie Apts., Norwood; Representative to Press, Mrs. S. G. Kerr, 753 Wolseley Ave., Wpg.

A.A., Winnipeg General Hospital

Hon. President, Mrs. A. W. Moody, 97 Ash Street; President, Mrs. W. E. Harry, Winnipeg General Hospital; First Vice-President, Miss Emily Parker, 580 Broadway Avenue; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Miss M. Cowie, Winnipeg General Hospital; Corresponding Secretary, Mrs. A. Swan, 20 Dalkeith Apts. Recording Secretary, Miss J. Landy, Winnipeg, General Hospital; Treasurer, Miss M. Macdonald, Central T. B. Clinic; Sick Visiting, Miss Jean Machray, Winnipeg General Hospital; Membership, Miss Helen Turner, 133 Spence Street; Programme, Miss A. Pearson, Winnipeg General Hospital; Editor of Journal, Miss Ruth Monk, 134 Westgate; Assistant Editor, Miss Grace Gourley, 230 Oxford Street; Business Manager, Miss E. Timlick, Winnipeg General Hospital

ONTARIO

BELLEVILLE

A.A., Belleville General Hospital

Hon. President, Miss Florence McIndoo; President, Miss M. A. Fitzgerald; Vice-President, Miss H. Molyneaux; Secretary, Miss W. Almey; Treasurer, Miss B. Allen; Flower Committee, Miss H. Fitzgerald; Social Committee, Miss E. Wright; Representative to "The Canadian Nurse", Miss V. Humphries.

BRANTFORD

A.A., Brantford General Hospital

Hon. President, Miss E. Muriel McKee, Superintendent; President, Miss K. Charnley; Vice-President, Miss G. Turnbull; Secretary, Miss H. D. Muir, Brantford General Hospital; Assistant Secretary, Miss V. Buckwell; Treasurer, Miss L. Gillespie, Gen'l Hospital, Brantford; Social Convener, Mrs. D. A. Morrison; Flower Committee, Mrs. E. Claridge, Miss F. Stewart; Gift Committee, Mrs. G. Andrews, Miss W. Laird; "The Canadian Nurse" and Press Representative, Miss D. Arnold; Chairman Private Duty Council, Miss E. M. Jones; Representative to Local Council of Women, Mrs. Reg. Hamilton.

BROCKVILLE

A.A., Brockville General Hospital

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse", Miss V. Kendrick.

CHATHAM

A.A. Public General Hospital

Hon. President, Miss P. Campbell; President, Miss D. Thomas; First Vice-President, Miss B. Pardo; Second Vice-President, Miss H. Simpson; Recording Secretary, Miss K. Crackel, 12 Duluth St., Chatham; Corresponding Secretary, Miss R. Willmore; Treasurer, Miss E. Mummery, 35 Emma St., Chatham; Representative, The Canadian Nurse, Miss M. McDougall.

A.A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Mary Doyle, Vice-President, Miss Marian Kearns; Secretary-Treasurer, Miss Letty Pettypiece; Executives, Misses Hazel Gray, Jessie Ross, Lena Chauvin, I. Salmon, Representative The Canadian Nurse: Miss Ruth Winter; Representative District No. 1, R.N.A.O.: Miss Jean Lundy.

CORNWALL

A.A., Cornwall, General Hospital

Hon. President, Mrs. J. Boldick; President, Miss Mary Fleming; First Vice-President, Miss Barbara Peterson; Second Vice-President, Miss H. C. Wilson; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative to "The Canadian Nurse", Miss K. Burke.

GALT

A.A., Galt Hospital

President, Miss G. Rutherford; Vice-President, Mrs. F. L. Roelofson; Secretary, Miss L. MacNair, 91 Victoria Ave.; Treasurer, Miss A. McDonald; Flower Committee Convener, Miss E. Hyslop.

GUELPH

A.A., Guelph General Hospital

Hon. President, Miss S. A. Campbell, Supt. Guelph General Hospital; President, Miss C. S. Zeigler; First Vice-President, Miss D. Lambert; Second Vice-President, Miss M. Darby; Secretary, Miss N. Kenney; Treasurer, Miss J. Watson; Committees: Flower, Miss R. Speers, Miss I. Wilson; Social, Mrs. M. Cockwell (Convener); Programme, Miss E. M. Eby (Convener); Representative "The Canadian Nurse", Miss Marion Wood.

HAMILTON

A.A., Hamilton General Hospital

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Helen Aitken; Vice-President, Mrs. Hess, 139 Wellington St.; Recording Secretary, Miss D. McRobbie, 9 Ontario Ave.; Corresponding Secretary, Miss E. Gayfer; Treasurer, Miss Helen Buhler, 549 Main St.; Secretary-Treasurer Mutual Benefit Association, Miss D. Watson, 145 Emerald St. S.; Legal Adviser, Mr. F. F. Treleaven; Executive Committee, Miss M. Buchanan (Convener), Mrs. M. Barlow, Misses J. Souter, Hannah, Livingstone, Helin; Programme Committee, Miss Dixon (Convener), Misses Murray, MacIntosh, Galloway, Bennett, Pegg; Flower and Visiting Committee, Miss M. Sturrock (Convener), Misses Squires and Burnett; Representatives to Local Council of Women, Miss Burnett (Convener), Mrs. Hess, Miss E. Buckbee, Miss C. Harley; Representative to R.N.-A.O., Miss G. Hall; Representatives to Registry Committee, Misses A. Nugent (Convener), Burnett, I. MacIntosh, Florence Leadley, E. Davidson, Margaret Clark, I. Buscombe, H. Aitken, Binkley, Pegg; Representative to Women's Auxiliary, Mrs. Stephen; Representatives to "The Canadian Nurse" Misses Scheifle, E. Bell, R. Burnett.

A.A., St. Joseph's Hospital, Hamilton

Hon.-President, Mother Martina; President, Miss Eva Moran; Vice-President, Miss F. Nicholson, Secretary; Miss Mabel MacIntosh, 48 Locomotive Street; Treasurer, Miss M. Kelly, 43 Gladstone Avenue; Representative Canadian Nurse: Miss B. Cronin, 103 Augusta Street; Representative R.N.A.O.: Miss J. Morin.

KINGSTON

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. A. Hearn; Secretary, Miss Olive McDermott; Treasurer, Miss Genevieve Pelow; Executive, Mrs. L. Cochrane, Misses K. McGarry, M. Cadden, J. O'Keefe; Visiting Committee, Misses N. Speagle, L. Sullivan, L. La Rocque; Entertainment Committee, Mrs. R. W. Clarke, Misses N. Hickey, B. Watson.

A.A., Kingston General Hospital

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; First Vice-President, Miss Carrie Milton; Second Vice-President, Miss Olivia M. Wilson; Third Vice-President Miss A. Walsh; Secretary, Miss Anne Davis, 464 Frontenac St.; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Convener Flower Committee, Mrs. Sidney Smith, 151 Alfred St.; Press Representative, Miss Mary Wheeler, Kingston General Hospital; Private Duty Section, Miss Constance Sandwith, 235 Alfred St.

KITCHENER

A.A., Kitchener and Waterloo General Hospital

Hon. President, Miss K. W. Scott; President, Mrs. Wm. Noll; First Vice-President, Mrs. W. Ziegler; Second Vice-President, Miss Elsie Trouse; Secretary, Miss Winnifred Nelson, Apt. D. 58 Albert St. N.; Assistant-Secretary, Miss Jean Sinclair; Treasurer, Miss M. Orr.

LONDON

A.A., St. Joseph's Hospital

Hon. President, Mother M. Pascal; Hon. Vice-President, Sister St. Elizabeth; President, Miss Florence Connolly; First Vice-President, Miss Olive O'Neil; Second Vice-President, Miss Gertrude Dietrick; Recording Secretary, Miss Gladys Martin; Corresponding Secretary, Miss Irene Griffen; Treasurer, Miss Orpha Miller; Press Representative, Miss Madalene Baker; Representatives to Registry Board: Misses R. Rouatt, E. Armishaw, F. Connolly.

A.A., Victoria Hospital

Hon. President, Miss Hilda Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. Ml Jones, 257 Ridout St. S., London; First Vice-President, Miss C. Gillies; Second Vice-President, Miss M. McLaughlin; Treasurer, Miss M. Thomas, 490 Piccadilly St., London; Secretary, Miss V. Ardiel, Corresponding Secretary, Miss G. Hardy, 645 Queen's Ave., London; Board of Directors, Misses Mortimer, Walker, Yule, Malloch, McGugan, Mrs. H. Smith.

NIAGARA FALLS

A.A., Niagara Falls General Hospital

Hon. President, Miss M. S. Park; President, Miss Gl Thorpe; First Vice-President, Miss H. Scholfield; Second Vice-President, Miss K. Prest; Secretary-Treasurer, Miss I. Hammond, 632 Ryerson Crescent, Niagara Falls; Corresponding Secretary, Miss Fl Loftus; Auditors, Mrs. M. Sharpe, Miss F. Loftus; Sick Committee, Miss V. Coutts, Miss A. Pirie and Mrs. J. Teal.

ORANGEVILLE

A.A., Lord Dufferin Hospital

Hon. President, Mrs. O. Fleming; President, Miss L. M. Sproule; First Vice-President, Miss V. Lee; Second Vice-President, Miss I. Allen; Corresponding Secretary, Miss M. Bridgeman; Recording Secretary, Miss E. M. Hayward; Treasurer, Miss A. Burke.

ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss A. V. Reekie; First Vice-President, Miss L. Whitton; Second Vice-President, Miss M. Harvies; Secretary-Treasurer, Miss Alice M. Smith, 18 Matchedash St. S.

Regular Meeting—First Thursday of each month.

OSHAWA

A.A., Oshawa General Hospital

Hon. President, Miss E. MacWilliams; President, Miss Jessie McIntosh, 39 Simcoe St. N.; Vice-President, Miss Jean Thompson; Secretary, Miss Jessie McKinnon, 134 Alice St.; Asst-Secretary, Miss Irene Goodman, 512 Simcoe St. N.; Corr-Secretary, Miss Jean Stewart, 134 Alice St.; Treasurer, Mrs. W. Luke, 8 Madison Apts., Simcoe St. S.

OTTAWA

A.A., Lady Stanley Institute (Incorporated 1918)

Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Mrs. W. Elmitt; Vice-President, Miss M. McNiece, Perley Home, Aylmer Ave.; Secretary, Mrs. Lou Morton, 49 Bower Ave.; Treasurer, Miss Mary C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. McColl, Vimy Apts., Charlotte St.; Miss C. Flack, 152 First Ave.; Miss L. Belford, Perley Home, Aylmer Ave.; Miss E. McGibbon, 114 Carling Ave.; Representative "The Canadian Nurse", Miss A. Ebbs, 80 Hamilton Ave.; Representative to Central Registry Miss A. Ebbs, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Miss E. Allen.

A.A., Ottawa Civic Hospital

Hon.-President, Miss Gertrude Bennett; President, Miss Edna Osborne; 1st Vice-President, Miss Dorothy Moxley; 2nd Vice-President, Miss Lera Barry; Recording Secretary, Miss Martha McIntosh; Corresponding Secretary, Miss M. Downey; Treasurer, Miss Winifred Gemmell; Councillors, Miss K. Clarke, Miss Webb, Miss G. Froats, Miss B. Eddy, Miss E. Lyons; Representatives to Central Registry, Miss Inda Kemp Miss K. Clarke, Press-Correspondent, Miss Evelyn Pepper; Convener Flower Committee, Miss M. MacCallum.

A.A. Ottawa General Hospital

Hon. President, Rev. Sr. Flavie Domitille; President, Miss K. Bayley; First Vice-President, Miss G. Clark; Second Vice-President, Miss M. Munroe; Secretary-Treasurer, Miss D. Knox; Membership Secretary, Miss M. Daley; Representatives to Local Council of Women, Mrs. J. A. Latimer, Mrs. E. Viau, Mrs. L. Dunne, Miss F. Nevins; Representatives to Central Registry, Miss M. O'Hare, Miss A. Stackpole; Representative to "*The Canadian Nurse*", Miss Kitty Ryan.

A.A., St. Luke's Hospital

Hon. President, Miss Maxwell; President, Miss Doris Thompson; Vice-President, Miss Diana Brown; Secretary, Mrs. J. Pritchard; Treasurer, Miss May Hewitt; Nominating Committee, Misses Sadie Clark, Mina MacLaren, Hazel Lyttle.

OWEN SOUND

A.A. Owen Sound General and Marine Hospital

Hon. President, Miss B. Hall; President, Miss Cora Thompson; First Vice-President, Miss F. Rae; Second Vice-President, Miss C. Maxwell; Sec.-Treasurer, Miss Mary Paton; Asst.-Secretary-Treasurer, Miss J. Agnew; Flower Committee, Miss Alma Weedon, Miss Marjorie Ellis and Mrs. J. Burns; Programme Committee, Miss M. Cruikshanks, Miss Cora Stewart; Press Representative, Miss M. Story; Lunch Committee, Miss Leone McDonald, Miss R. Duncan, Mrs. L. Burns; Auditor, Miss M. Simpson.

PETERBORO

A.A., Nicholls Hospital

Hon. President, Mrs. E. M. Leeson; President, Miss H. Anderson, 710 George St.; First Vice-President, Miss L. Simpson; Second Vice-President, Miss M. Watson; Secretary, Miss F. Vickers, 738 George St.; Corresponding Secretary, Miss E. McBrien; Treasurer, Miss L. Ball, 641 Water St.; Convener Social Committee, Mrs. Roy White; Convener of Flower Committee, Mrs. Ray Pogue.

SARNIA

A.A., Sarnia General Hospital

Hon. President, Miss M. Lee; President, Miss L. Segrist; Vice-President, Miss A. Cation; Secretary, Miss A. Silverthorn; Treasurer, Miss A. Wilson; The Canadian Nurse, Miss C. Medcroft; Flower Committee (Convener) Miss D. Shaw; Programme and Social Committee, Miss L. Segrist.

STRATFORD

A.A., Stratford General Hospital

Hon. President, Miss A. M. Munn; President, Miss F. Kudoba; Vice-President, Mrs. E. C. Moulton; Secretary-Treasurer, Miss A. Rock, 97 John St., Stratford; Corresponding Secretary, Miss L. McNairn Social Convener, Miss L. Atwood.

ST. CATHARINES

A.A., Mack Training School

Hon. President, Miss Anne Wright, Superintendent, General Hospital; President, Miss Florence McArter, General Hospital; First Vice-President, Miss Nora Nold, General Hospital; Second Vice-President, Miss Margaret McClunie, 59 Chaplin Ave.; Secretary-Treasurer, Miss Janette Hastie, General Hospital; Press Correspondent, Miss E. Horton, South St.; "The Canadian Nurse" Representative, Miss Gertrude Fetherstone, 17 Hainer St.; Social Committee (Convener), Miss Mildred Strong, General Hospital; Programme Committee (Convener), Miss Helen Brown, General Hospital.

ST. THOMAS

A.A. Memorial Hospital

Hon. President, Miss Lucille Armstrong, Memorial Hospital; Hon. Vice-President, Miss Mary Buchanan, Memorial Hospital; President, Miss Margaret Benjafield, 39 Wellington St.; First Vice-President, Miss Irene Garrow; Second Vice-President, Miss Bella Mitchner; Recording Secretary, Mrs. John Smale, 34 Erie St.; Corresponding Secretary, Miss Florence York, 52 Kains St.; Treasurer, Miss Irene Blewett, 88 Kains St.; "The Canadian Nurse" Miss Irene Garrow, 23 Myrtle St.; Executive, Misses Hazel Hastings, Lissa Crane, Mary Oke, Mrs. Allen Burrell, Mrs. Elvin Wisson.

TORONTO

A.A., Grace Hospital

Hon. President, Mrs. C. J. Currie; President, Mrs. W. J. Cryderman; Recording Secretary, Miss I. Gilbert; Corresponding Secretary, Miss Lillian E. Wood, 20 Mason Blvd., Toronto 12; Treasurer, Miss V. M. Elliott, 194 Cottingham St.

A.A., The Grant MacDonald Training School for Nurses

Hon. President, Miss Esther M. Cook, 130 Dunn Avenue; President, Miss Ida Weekes, 130 Dunn Avenue; Vice-President, Mrs. Marion Smith; Recording Secretary, Miss Norma McLeod; Corresponding Secretary, Miss Ethel Watson; Treasurer, Miss Phyllis Lawrence; Social Convener, Miss Kathleen Cuffe.

A.A., Hospital for Sick Children

Hon.-President, Mrs. Goodson; Hon. Vice-Presidents, Miss Florence J. Potts, Miss Kathleen Panton; President, Mrs. A. L. Langford; First Vice-President, Miss Florence Booth; Second Vice-President, Mrs. W. F. Raymond; Recording Secretary, Mrs. Clarence Cassan; Corresponding Secretary, Miss L. Loraine Morrison, 54 Sheldrake Blvd.; Treasurer, Miss Marie Grafton, 534 Palmerston Blvd.; Social Convener, Mrs. Cecil Tom; Flower Convener, Miss Alice Boxall; Programme Committee, Miss Jean Masten; Publicity Committee, Miss Margaret Collins; Welfare Committee, Mrs. Dall Smith; Representative to Registry, Miss Florence Currie.

A.A., Riverdale Hospital

President, Miss Alma Armstrong, Riverdale Hospital; First Vice-President, Miss Gertrude Gastrell, Riverdale Hospital; Second Vice-President, Mrs. F. Lane, 221 Riverdale Ave.; Secretary, Miss Lexie Staples, 491 Broadview Ave.; Treasurer, Mrs. H. Dunbar; Board of Directors, Miss K. Mathieson, Riverdale Hospital, Miss S. Stretton, 7 Edgewood Ave., Miss E. Baxter, Riverdale Hospital, Mrs. E. Quirk, Riverdale Hospital, Miss L. Wilson, 11 Sherwood Ave.; Press and Publications, Miss Laurel Wilson, 11 Sherwood Ave., Toronto.

A.A., St. John's Hospital

Hon. President, Sister Beatrice, St. John's Convent; President, Miss Susan Morgan, 322 St. George St.; First Vice-President, Miss Nan Hetherington, Nurses' Residence, Toronto General Hospital; Second Vice-President, Miss Kathleen Burtchall, 28 Major Street; Rec. Secretary, Miss Helen Frost, 450 Maybank Ave.; Cor. Secretary, Miss Margaret Creighton, 152 Boon Ave.; Treasurer, Miss Winnifred Webb, 77 Summerhill Ave.; Conveners, Entertainment Committee, Miss Nettie Davis, 32 Albany Avenue; Sick and Visiting Committee, Miss Gladys Batten, 32 Albany Avenue; Press Representative, Miss Grace Doherty, 26 Norwood Road.

A.A., St. Joseph's Hospital

Hon. President, Rev. Sister Mary Margaret; President, Miss G. Davis; First Vice-President, Miss E. Morrison; Second Vice-President, Miss A. Tobin; Recording Secretary, Miss M. O'Malley; Corresponding Secretary, Miss I. Gallagher; Treasurer, Miss A. Harrigan; Councillors, Mrs. G. Beckett, Misses M. Conway, R. Jean-Marie and L. Boyle.

A.A., St. Michael's Hospital

Hon. President, Rev. Sister Norine; Hon. Vice-President, Rev. Sister Jean; President, Miss Ethel Crocker; First Vice-President, Mrs. Aitkin; Second Vice-President, Miss Mary Edwards; Third Vice-President, Miss Helen Dunnigan; Corresponding Secretary, Miss M. Doherty; Recording Secretary, Miss Marie Melody; Treasurer, Miss G. Coulter, 42 Isabella St., Apt. 204, Toronto; Press Representative, Miss May Greene; Councillors Misses J. O'Connor, M. Madden, H. Kerr; Private Duty, Miss A. Gaudet; Public Health, Miss I. McGurk; Representative Central Registry of Nurses, Toronto, Miss M. Melody.

A.A., Toronto General Hospital

Hon. President, Miss Snively; Hon. Vice-President, Miss Jean Gunn; President, Miss E. Manning, 100 Golfdale Rd.; First Vice-President, Miss A. Neil; Second Vice-President, Miss Shaffner; Secretary, Miss J. W. Anderson, 149 Glenholme Ave.; Treasurer, Miss E. Forgie, T.G.H. Residence; Asst. Treasurer, Miss M. Morris; Archivist, Miss Knisley; Councillors, Mrs. D. R. Mitchell, Miss H. Russell, Miss E. Clancy; Committee Conveners: Flower, Miss E. Stuart; Press, Miss K. Scott, T.G.H. Residence; Social, Miss J. Mitchell; Nominations, Miss M. Murray; Elizabeth Field Smith, Memorial Fund, Miss Hannant; New Year Book, Miss Dulmage, T.G.H. Residence; Insurance, Miss M. Dix.

A.A., Toronto Orthopedic and East General Hospital Training School for Nurses

Hon. President, Miss E. McLean, Toronto East General Hospital; President, Mrs. E. Philips, 155 Donlands Ave.; Vice-President, Miss O. Fee, 21 Swanwick Ave., Secretary-Treasurer Miss N. V. Wilson, 50 Cowan Ave.; Representative to Central Registry, Miss M. Beston, 753 Glencairn Ave., Miss MacIntosh, 30 Bain Ave.; Representative to R.N.A.O., Miss MacIntosh, 30 Bain Ave.

A.A., Toronto Western Hospital

Hon. President, Miss B. L. Ellis; President, Miss F. Matthews, Toronto Western Hospital; Vice-President, Miss E. Bolton; Recording Secretary, Miss Maude Campbell; Secretary-Treasurer, Miss Isabel Buckley, Toronto Western Hospital; Representative to "The Canadian Nurse", Miss A. Woodward; Representative to Local Council of Women, Mrs. I. MacConnell; Hon. Councillors, Mrs. Annie Yorke; Mrs. I. MacConnell; Councillors, Misses Annie Cooney, L. Steacy, G. Sanders, H. Milne, G. Paterson, Marie Kolb; Social Committee, Misses O. MacMurchy, M. Hamilton, G. Folliott; Flower Committee, Misses M. Ayerst, H. Stewart; Visiting Committee, Misses V. Stevenson, B. Hamilton; Layette Committee, Misses J. Cooper, F. Ballantyne.

Meetings will be held the second Tuesday in each month at 8 p.m. in the Assembly Room, Nurses' Residence, Toronto Western Hospital.

A.A., Wellesley Hospital

President, Miss Ruth Jackson, 80 Summerhill Ave.; Vice-President, Miss Janet Smith, 138 Wellesley Crescent; Recording Secretary, Miss Kathleen Howie; Corresponding Secretary, Miss Anita Beadle, 49 Dundonald St.; Treasurer, Miss Constance Tavener, 76 Northumberland St.; Correspondent to "The Canadian Nurse", Miss W. Ferguson, 16 Walker Ave.; Flower Convener, Miss E. Fewings, 177 Rochampton Ave.; Social Convener, Miss Muriel Lindsay.

A.A., Women's College Hospital

Hon. President, Mrs. H. M. Bowman; Hon. Vice-President, Miss Harriett Meiklejohn; President, Mrs. Scullion; Secretary, Miss Grace Clarke, 42 Delaware Ave.; Treasurer, Miss Fraser, Women's College Hospital.

A.A., Hospital Instructors and Administrators, University of Toronto

Hon. President, Miss E. K. Russell; Hon. Vice-Presidents, Miss G. Hiscocks, Miss A. M. Munn; President, Miss Gladwyn Jones; First Vice-President, Miss M. McCamus; Second Vice-President, Mrs Ash; Secretary, Miss C. M. Cardwell, Toronto General Hospital; Treasurer, Miss M. McKay, Toronto General Hospital.

A.A., Department of Public Health Nursing, University of Toronto

Hon. President, Miss E. K. Russell; President, Miss Barbara Blackstock; Vice-President, Miss E. C. Cale; Recording Secretary; Miss I. Park; Secretary-Treasurer, Miss C. C. Fraser, 423 Gladstone Ave., Toronto, Ont.; Conveners: Social, Miss E. MacLauren; Programme, Miss McNamara; Membership, Miss Edna Clarke.

WESTON

A.A., Connaught Training School for Nurses, Toronto Hospital, Weston

Hon. President, Miss E. MacP. Dickson, Toronto Hospital, Weston; President, Miss E. F. Hawkins; Vice-President, Miss A. Bolwell; Secretary, Miss G. Leeming; Treasurer, Miss R. McKay.

WINDSOR

A.A., Hotel Dieu

President, Miss Mary Parent; First Vice-President, Miss Marie Odette; Second Vice-President, Miss Zoe Londeau; Secretary, Miss M. Spence; Treasurer, Miss Mary Fener; Programme Committee, Misses H. Mahoney, A. Harvey, H. Slattery; Sick Committee, Misses R. Farrell, H. Greenway, M. McClory; Social Committee, Misses J. Londeau, N. Webster, I. Reaume; Correspondent to the Canadian Nurse, Miss Mary Finnegan. Meeting second Monday every month 8 p.m.

WOODSTOCK

A.A., General Hospital

First Hon. President, Miss Frances Sharpe; Second Hon. President, Miss Helen Potts; President, Miss Gladys Jefferson; Vice-President, Miss Mabel Costello; Recording Secretary, Miss Lila Jackson; Assistant Secretary, Miss Jean Kelly; Treasurer, Miss Ella Eby; Press Representative, Miss Doris Craig; Convener, Programme Committee, Miss Anna Cook; Convener, Flower and Gift Committee, Miss Edna Rickard; Social Committee, Miss Eleanor Hastings, Mrs. Hannah Sterling, Mrs. Grace McDiarmid.

QUEBEC

LACHINE

A.A., Lachine General Hospital

Hon. President, Miss M. L. Brown; President, Miss M. Lapierre; Vice-President, Mrs. R. Wilson; Secretary-Treasurer, Miss A. Roy, 379 St. Catherine St., Lachine, P.Q.; Executive Committee, Miss M. McNutt, Miss L. Byrnes.

Meeting, first Monday each month.

MONTREAL

A.A., Children's Memorial Hospital

Hon. President, Miss A. Kinder; President, Miss M. Flanders; Vice-President, Miss G. Gough; Secretary, Miss G. Murray; Treasurer, Miss H. Easterbrook; Rep. Canadian Nurse, Miss J. Argue; Sick Nurse's Committee, Miss J. Cochrane, Miss E. MacIntosh; Social Committee, Miss F. Atkinson, Miss M. Wilson, Miss B. Wright, Miss L. Destromp; Executive Committee, Mrs. Moore, Miss V. Schneider.

A.A., Homeopathic Hospital

Hon. President, Mrs. H. Pollock; President, Mrs. J. Warren; First Vice-President, Miss M. Bright; Second Vice-President, Miss A. Porteous; Secretary, Miss W. Murphy; Assistant Secretary, Miss M. Berry; Treasurer, Miss D. W. Miller; Assistant Treasurer, Miss N. G. Horner; Private Duty Section, Miss M. Bright; The Canadian Nurse Representative, Miss J. Whitmore; Programme Committee, Miss M. Currie; Representative Montreal Graduate Nurses Association, Miss A. Porteous.

L'Association des Gardes-Malades Graduees de l'Hopital Notre-Dame

Executif: Mesdemoiselles Alice Lepine, Presidente; Alice Gelinas, Vice-presidente; Aline Leduc, 2ieme Vice-presidente; Suzanne Giroux, Tresoriere; Marguerite Pauze, Secretaire; Connseilleres: Mesdemoiselles Germaine Brisset, Irene Rouillard, Eugenie Tremblay, Francoise Chevrier, Juliette Beaulieu.

A.A., Montreal General Hospital

Hon. President, Miss F. E. Strumm; Hon. Vice-President, Miss M. K. Holt; President, Miss E. Frances Upton; First Vice-President, Miss M. Mathewson; Second Vice-President, Miss J. Morell; Recording Secretary, Miss H. Tracey; Corresponding Secretary, Mrs. E. C. Menzies; Treasurer (Alumnae Association and Mutual Benefit Association), Miss Isabel Davies; Hon.-Treasurer, Miss H. M. Dunlop; Executive Committee, Miss A. Whitney, Miss M. M. Johnston, Miss H. Hewton, Mrs. L. Fisher, Mrs. S. Ramsey; Representatives to Private Duty Section, Miss L. Urquhart (Convener), Miss E. Elliott, Miss E. Marshall; Representatives to Canadian Nurse Magazine, Miss M. E. Hunter, Miss M. Campbell; Representatives to Local Council of Women, Miss G. Colley, Miss M. Ross; Sick Visiting Committee, Miss F. E. Strumm, Miss B. Herman; Programme Committee, Miss Isabel Davies, Miss Martha Batson; Refreshment Committee, Miss J. Parker (Convener), Miss M. Wallace, Miss E. Church, Miss E. A. Rogers.

A.A., Royal Victoria Hospital

Hon. Presidents, Miss A. E. Draper, Miss M. F. Hersey; President, Mrs. F. A. C. Scrimger; First Vice-President, Miss G. Godwin; Second Vice-President, Miss E. Allder; Recording Secretary, Miss E. B. Rogers; Secretary-Treasurer, Miss K. Jamer; Executive Committee, Miss M. F. Hersey, Mrs. E. Roberts, Mrs. G. C. Malhado, Misses M. Etter, E. Reid, A. Bulman; Conveners of Committees, Finance, Miss B. Campbell; Sick Visiting, Mrs. G. R. MacKay; Programme, Mrs. A. H. Hawthorne; Refreshments, Miss E. Henningar; Private Duty Section, Miss R. Cochrane; Representative to Local Councils of Women, Mrs. V. Linnell, Miss J. Stevenson; Representative The Canadian Nurse, Miss G. Martin.

A.A., Western Hospital

Hon. President, Miss Craig; President, Miss Birch; First Vice-President, Miss M. Nash; Second Vice-President, Miss O. V. Lilly; Hon. Treasurer, Miss J. Craig; Treasurer, Miss L. Sutton; Rec. Secretary, Miss B. Dyer; Conveners of Committees, Finance, Miss E. MacWhirter; Programme, Miss V. Cross; Sick Visiting, Miss Dyer; Representatives to Private Duty Section, Miss H. Williams, Miss M. Tyrrell; Representative "The Canadian Nurse", Miss Edna Payne.

A.A., Women's Gen. Hosp., Westmount

Hon. President, Miss E. Trench, Miss F. George; President, Mrs. L. M. Crewe; First Vice-President, Mrs. A. Chisholm; Second Vice-President, Miss Martin; Recording Secretary, Miss C. Morrow; Corresponding Secretary, Miss E. Moore; Treasurer, Miss E. L. Francis, 1210 Sussex Ave., Montreal; Sick Visiting, Miss G. Wilson, Miss L. Jensen; Private Duty, Mrs. T. Robertson, Miss L. Smiley: "*The Canadian Nurse*", Miss N. Brown; Social Committee, Mrs. E. Drake. **Regular monthly meeting every third Wednesday, 8 p.m.**

A.A., School for Graduate Nurses, McGill University

Hon. President, Miss Mary Samuel; Hon. Vice-President, Miss Bertha Harmer; Hon. Members, Miss M. F. Hersey, Miss Grace M. Fairley, Dr. Helen R. Y. Reid, Dr. Maude Abbott, Mrs. R. W. Reford; President, Miss Elsie Allder, Royal Victoria Hospital; Vice-President, Miss Marion E. Nash, Victorian Order of Nurses, 1246 Bishop St.; Secretary-Treasurer, Miss M. Orr, The Shriners Hospital, Cedar Ave., Montreal. Chairman Flora Madeline Shaw Memorial Fund, Miss E. Frances Upton, 1396 St. Catherine St. W.; Programme Convener, Miss McQuade, Women's General Hospital, Montreal; Representatives to Local Council of Women, Mrs. Summers, Miss Liggett; Representatives to "The Canadian Nurse", Administration, Miss B. Herman, Royal Victoria Hospital; Teaching, Miss E. B. Rogers, Royal Victoria Hospital; Public Health, Miss M. Taylor, Victorian Order of Nurses, 1246 Bishop St.

QUEBEC CITY

A.A., Jeffrey Hale's Hospital

Hon. President, Mrs. S. Barrow; President, Miss G. F. Martin; First Vice-President, Miss E. Douglas; Second Vice-President, Miss E. Fitzpatrick; Recording Secretary, Miss V. Hardy; Corresponding Secretary, Miss M. Fischer; Treasurer, Miss E. H. McHarg; Private Duty Section, Miss E. Walsh; Representative to "The Canadian Nurse", Miss Nora C. Martin; Sick Visiting Committee, Mrs. S. Barrow, Mrs. H. Buttimore; Refreshment Committee, Miss M. Lunam, Miss E. Douglas; Councillors—Misses: F. Imrie, H. Mackay, E. Fitzpatrick, M. Craig, C. Young, D. Jackson.

SHERBROOKE

A.A., Sherbrooke Hospital

Hon. Presidents, Miss E. Frances Upton, Miss Helen S. Buck; President, Mrs. N. S. Lothrop; First Vice-President, Mrs. W. Davey; Second Vice-President, Miss V. Beane; Secretary, Miss E. Morisette; Treasurer, Miss Alice Lyster, Sherbrooke Hospital; Representative "The Canadian Nurse", Miss J. Wardleworth.

MONTREAL GRADUATE NURSES' ASSOCIATION REGISTER

Nurses Called Day or Night

Telephone PLateau 7841
KATHLEEN BLISS, Reg. N.,
Registrar,
1230 Bishop St., MONTREAL, P.Q.
Club House Phone PL. 3900.

The Central Registry of Graduate Nurses, Toronto

Furnish Nurses at any hour
DAY OR NIGHT
Telephone Kingsdale 2136
Physicians' and Surgeons' Bldg.,
86 Bloor Street, West,
TORONTO
HELEN CARRUTHERS Reg. N.

ACETOPHEN
AND
PHENACETIN
COMPOUND
C. T. No. 217 "Frosst"

for— Headaches
Rheumatic Pains
Neuralgia
Colds and
Grippe

C. T. No. 217
ACETOPHEN & PHENACETIN COMPOUND
Acetophen....... 3½ gr.
Phenacetin.. .. 2½ gr.
Caffeine Citrate . ½ gr.
Dose: One or two tablets.

ANTIPYRETIC
ANALGESIC
ANTI-RHEUMATIC

Charles E. Frosst & Co. Montreal

The Central Registry Graduate Nurses
Phone Garfield 0382
Registrar:
ROBENA BURNETT, Reg.N.
91 Balsam Ave., Hamilton, Ont.

THE
Manitoba Nurses' Central Directory
Registrar—ANNIE C. STARR; Reg. N.
Phone 30 620
753 Wolseley Avenue, Winnipeg, Man.

GRADUATE NURSE

Desires light, or part-time, occupation in return for room and board, and small remuneration. Experienced. Any distance. Address, Box 5, c/o The Canadian Nurse.

Experienced Nurses Know

STEEDMAN'S POWDERS
From Teething to Teens

They know this safe and gentle aperient is ideal for infants and children, to relieve constipation, colic and feverishness and keep the little system regular. Steedman's Powders can be used with perfect confidence. Our "Hints to Mothers" booklet deals sensibly with baby's little ailments — for copies and samples of Steedman's Powders write: **JOHN STEEDMAN & CO., 504 St. Lawrence Blvd. MONTREAL**

Made in Canada

General Health NIPPLES

A Victoria Nurse says: "they are wonderful."
—They will not collapse
—Will not pull off, and can be put on with one hand while holding a baby.

Large Size 25c, Small 10c
Canadian Agents
Laurentian Laboratories
Limited
560 DeCourcelles St.
MONTREAL, P.Q.